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WASTE MANAGEMENT SETTLEMENT CLAIM FORM

THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY FEBRUARY 20, 2021 AND MUST BE FULLY COMPLETED, BE SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

Instructions: Fill out each section of this form and sign where indicated.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

If you received notice of the Settlement by mail, please provide the Class Member ID from the notice:

3 1 1 5 2 _____

Property Address Where You Maintained Accounts with Waste Management (if different, than above)

Property Address: _____

Property City: _____ Property State: _____ Property Zipcode: _____

Email Address (optional): _____@_____

Contact Phone #: (_____) _____ - _____ (You may be contacted if further information is required.)

Class Member Verification: By submitting this Claim Form and checking the boxes below, I declare that I believe I am a member of the Settlement Class and that the following statements are true (each box must be checked to receive a payment):

- I had a residential Waste Management account with a New York mailing address between September 27, 2016 and August 27, 2020, and was charged and paid an Administrative Charge(s).
- I have not filed an Opt-Out or requested to be excluded from this Settlement.
- I have not submitted any other Claim for the same account and have not authorized any other person or entity to do so, and know of no other person or entity having done so on my behalf. If I maintained account(s) jointly with any other person or entity, only one Claim has or will be submitted per account.
- Under penalty of perjury, all information in this Claim Form is true and correct to the best of my knowledge and belief.

Signature: _____ Print Name: _____

Date: ____/____/____

Before you complete and submit this Claim Form by mail or online, you should read and be familiar with the information contained in this notice and available at: www.WasteManagementPaperBillingSettlement.com.

The Settlement Administrator will review your Claim Form; you may be required to submit additional documentation to validate your claim. If accepted, you will be mailed a check for a pro rata share of the Settlement Fund depending on the total amount of service charges you paid via your Waste Management account. This process takes time, please be patient.

Questions? Visit www.WasteManagementPaperBillingSettlement.com or call 1-844-271-4789.

