

# CLAIM FORM

CLAIM SUBMISSION DEADLINE: 02/11/2022

Claim Form ID: ### - #####

## Section 1: Claimant Information

**\*Complete Section 1 with your current contact information and current mailing address, even if it is not in the Class Area. This is the address that will be used for all correspondence, including payment, if your claim is accepted.**

First Name

Last Name

Suffix

Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)

City

State

Zip Code

Email Address (Required)

(  )  -

Phone Number (Required)

-  -

Social Security Number/Tax Identification Number (Required)

## Section 2: Property Information

**\*Complete Section 2 for the property you owned or rented within the Class Area. For more than one address/property, please submit a separate claim form for each address. Please visit the case website to download an additional claim form.**

Property Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)

City

State

Zip Code

Property Type (Choose One)

Single Family Residence

Multi-Family Residence (duplex, quadplex, etc.)

Apartment Complex

Other. Please Specify: \_\_\_\_\_

Ownership Status (Choose all that apply)

Property Owner that Resided at the Property

Property Owner that Did **NOT** Reside at the Property

Tenant (Renter) / Occupant

**\*IMPORTANT: If you were a tenant, it is your responsibility to contact your landlord or property management company and provide them with the Settlement Website so they may have notice of this Settlement.**

Property Ownership/Residency Timeframe

Dates of Residency:  /  /  to  /  /

Dates of Ownership:  /  /  to  /  /

**BLAKE CHAPMAN ET AL. V. VOESTALPINE TEXAS LLC, ET AL.**  
United States District Court for the Southern District of Texas (Case No. 2:17-CV-00174)

**Claim Form ID: ### - #####**

### Section 3: Documentation

Please describe the documents that are being submitted to support your claim of ownership and/or residency. All documents submitted will be maintained confidentially and used strictly for settlement purposes. Please DO NOT submit original documents, only copies, as the documents will not be returned to you. For all document types submitted, it is not necessary to send the entire document, only the portion that includes your name, the property address, the date and all completed signatures.

Is Property Ownership Documentation Provided (Mortgage or Closing Statement, Property Tax Notice, etc.)?

- Yes                      Document Type : \_\_\_\_\_
- No - I did not own the Property
- No - I am accurately recorded on the tax records

Is Residency Documentation Provided (Utility Bill, Drivers License Copy, Lease Agreement, etc.)?

- Yes                      Document Type : \_\_\_\_\_
- No - I owned the Property, but did not reside there

### Section 4: Additional Residents

Please identify other individuals over the age of eighteen (18) who resided at the residence at the same time as you. If there are more than 3 additional residents, download the Claim Form Addendum from the case website and attach to your claim submission. IF NON-MARRIED CO-TENANTS/CO-OCCUPANTS WISH TO FILE A CLAIM, THEY MUST DO SO ON A SEPARATE CLAIM FORM. ADDITIONAL CLAIM FORMS CAN BE FOUND AT [WWW.DUSTSETTLEMENT.COM](http://WWW.DUSTSETTLEMENT.COM).

Full Name	Age	Relationship to You
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

### Section 5: Certification

I affirm under the laws of the United States and the State of Texas that the information supplied in this Claim Form by the undersigned is true and correct to the best of my recollection, and that this form was executed on the date set forth below. I understand that I may be asked to provide supplemental information to the Claims Administrator and/or Special Master before my claim will be considered complete and valid.

*Each Claim Form must be signed by the Class Member seeking to participate in the Settlement. In the case of a marital co-tenancy, each spouse must separately sign and date the Claim Form. Otherwise, each co-tenant must complete and return their own Claim Form.*

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date:  /  / 20

Date:  /  / 20

### REMINDER CHECKLIST

1. Complete all sections of this Claim Form.
2. Sign and date the Claim Form in Section 5. In the case of married co-tenants/co-occupants/owners, both spouses must sign the Claim Form and will receive one payment. All other co-tenants/co-occupants must submit separate Claim Forms.
3. Enclose documentation supporting your ownership and/or residency, as needed. Please do not include original documents, as these will not be returned to you.
4. Mail your completed Claim Form to the Claims Administrator. Please keep a copy of your completed Claim Form for your records.
5. It is your responsibility to notify the Claims Administrator of any changes to your contact information after the submission of your Claim Form. You can update your contact information at [www.DustSettlement.com](http://www.DustSettlement.com).