

Clark and Schlossberg v. Gannett
Settlement Administrator
P.O. Box 43429
Providence, RI 02940-9953



GCD

Must Be Postmarked
No Later Than
November 5, 2016

Clark and Schlossberg v. Gannett Co. Inc.
Case No. 16-CH-06603 (Cir. Ct. Cook Cnty. Ill.)

Official
Office
Use
Only



Claim Form

CLAIMANT INFORMATION

First Name M.I. Last Name

Primary Address

Primary Address Continued

City State Zip Code

Foreign Province Foreign Postal Code Foreign Country Name/Abbreviation

Current Contact Telephone number

The above-listed number is my cellular telephone number The above-listed number is my landline telephone number

Current Email Address

Cellular Telephone Number on Which you Received the Calls

Class Member Affirmation: By submitting this Claim Form and filling in the circle below, I declare that I am a member of the Settlement Class and that the following statement is true (circle must be filled to receive payment):

I received at least one call to the cellular telephone number written above regarding at least one of Gannett's publications between January 2, 2010 and August 4, 2016. At the time I received such telephone call(s), I never provided prior express consent to receive the telephone call(s). I am the owner or primary user of the phone number(s) written above.

I state under penalty of perjury under the laws of the State in which this Affirmation is executed and the United States of America that the information provided above is true and correct.

Signature: _____

Dated: _____

Print Name: _____



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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