CRAWFORD COAL PLANT SMOKESTACK CLAIM FORM

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS Solis, et al. v. Hilco Redevelopment LLC, et al., No. 20-cv-02348 (N.D. III.)

Instructions: Fill out all sections of this form. In Section II, choose Option One if you were present in the Class Boundaries on April 11, 2020, Option Two if your real or personal property was damaged as a result of the demolition of the smokestack demolition on April 11, 2020, or both if you qualify for both categories. Then sign where indicated. If you submit a claim for property damage, you must provide proof. Accepted proof may include a detailed description of the type and amount of damage to your property, or receipts showing the amount of damage. You may submit pictures to help document the damage to your property.

If you prefer to submit this form electronically, or if you need more information about the Settlement or a description of the Class Boundaries, please visit the Settlement Website www.LittleVillageSmokestack.com, email info@LittleVillageSmokestack.com, or call 877-272-4962. You may also scan this QR code to see the Class Boundaries map on your device:



YOU MUST PROVIDE ALL OF THE INFORMATION BELOW AND <u>SIGN</u> THIS CLAIM FORM. YOUR CLAIM FORM MUST BE <u>POSTMARKED OR SUBMITTED ONLINE</u> BY MARCH 26, 2024.

I. CONTACT INFORMATION

CLASS MEMBER UNIQUE ID Number Provided on Notice (if available):

]																			
Firs	t Na	me																					
Las	t Na	me:																					
Ado	lress	3:																					
City	/:													Sta	nte:	Z	ZIP	Co	de:				
								(0	onti	nue	ed o	on p	pag	e 2)									

Crawford Coal Plant Smokestack Claim Form

QUESTIONS? CALL 833-200-7006 TOLL FREE OR VISIT WWW.SNAPFINANCEDATASETTLEMENT.COM

Em	ail A	ddre	ess:													
Pho	ne N	Juml	ber:													
]													

If the above mailing address is different than your address at the time of the Demolition (April 11, 2020), please provide that previous address here:

Ado	lress	:																
City	/:									Stat	e:	ZIP	Co	le:				
									-									

II. CLAIM OPTIONS

Please select one or both options:

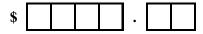
Option One (personal injury claim):

I affirm that I was present within the Class Boundaries on April 11, 2020.

Option Two (property damage claim):



I affirm that my real or personal property was damaged as a result of the smokestack demolition on April 11, 2020, in the amount of:



I also affirm that the following description of the damaged property is true and accurate:

If available, please attach and submit any documentation that supports your description of property damage, such as receipts and pictures.

(continued on page 3)

Crawford Coal Plant Smokestack Claim Form

QUESTIONS? CALL 833-200-7006 TOLL FREE OR VISIT WWW.SNAPFINANCEDATASETTLEMENT.COM

III. SIGN AND DATE YOUR CLAIM FORM

By submitting this Claim Form, I declare, under penalty of perjury under the laws of the United States of America, that I believe I am a member of the Settlement Class, that the information provided above is true to the best of my knowledge, and any proof attached is true and accurate.

Signature:

MM	DD	YY

YOU MUST PROVIDE ALL OF THE INFORMATION ABOVE AND <u>SIGN</u> THIS CLAIM FORM. YOUR CLAIM FORM MUST BE <u>POSTMARKED TO THE ADDRESS BELOW OR SUBMITTED ONLINE</u> BY MARCH 26, 2024.

Little Village Smokestack Settlement Claims Administrator P.O. Box 25191 Santa Ana, CA 92799

PLEASE KEEP A COPY OF YOUR CLAIM FORM AND PROOF OF SUBMISSION