Davila v. ABM Industries Incorporated Claims Administrator P.O. Box 43141 Providence, RI 02940-3141

ABV

Davila v. ABM Industries Incorporated

SUPERIOR COURT OF THE STATE OF CALIFORNIA. **COUNTY OF LOS ANGELES**

Case No. BC699176

Must be submitted online or postmarked by June 7, 2021

Credit Monitoring Request Form

Complete this Form if you are a Settlement Class member who is entitled to receive credit monitoring, fraud consultation, and identity theft restoration services under the Settlement. Forms must be submitted online or postmarked by June 7, 2021.

1. SETTLEMENT CLASS MEMBER INFORMATION						
Daytime Phone Number						
Email Address (this email address will be	e used to provide you with yo	our unique credit monit	oring enrollment code and further instructi	tions		
on enrollment, should this Settlement be			G			
2. CREDIT MONITORING						
I request enrollment in free credit mother that if the Settlement is finally appro			ration services provided by Kroll. I underst Ill in these services.	tand		
CLAIMANT INFORMATION						
First Name	M.I.	Last Name				
Primary Address						
Primary Address Continued						
City			State ZIP Code			
Foreign Drovings	Foreign Doctol	Codo	Foreign Country Name (Aphroviction			
Foreign Province	Foreign Postal		Foreign Country Name/Abbreviation			
By submitting this Form, I certify that I a		er and that the informa	ation provided is true and correct.			
Signature:	Dated (mm/dd/yyyy):					
Print Name:		_				
CREDIT MO	ONITORING REQUEST I	FORM SUBMISSION	N REMINDERS:			

- You may submit your Form through the settlement website, <u>www.SettlementABM.com</u>, or by U.S. mail to: Davila v. ABM Industries Incorporated Claims Administrator, P.O. Box 43141, Providence, RI 02940-3141.
- Please keep a copy of this Form if submitting by mail.
- Forms must be submitted online or postmarked by June 7, 2021. If the Claims Administrator had to re-mail your settlement notice, the settlement notice will show a different deadline to submit this Form. Please comply with the deadline on the notice you received. If you have any questions about your deadline to submit this Form, please contact the Claims Administrator at 1-866-742-7467.



FOR CLAIMS PROCESSING ONLY			DOC	RED
	ОВ	СВ	LC	A
			REV	В