

SENIOR CHECK REQUEST

Green v. City of Palo Alto, Case No. 16CV300760
(Consolidated with Case No. 18CV336237)

Superior Court of California, County of Santa Clara

**THIS FORM MUST BE COMPLETED IN FULL
(INCLUDING ALL PERSONAL AND CONTACT INFORMATION)
AND SIGNED WHERE INDICATED**

Please enter the name, account number, and service address identified on the gas bills you currently receive from Palo Alto Utilities. If you no longer receive service from Palo Alto, please enter the name and service address identified on the bills you previously received from Palo Alto Utilities.

Customer Name: _____

Account Number (i.e. 3xxxxxxx): _____

Service Address: _____

City _____ State ____ Zip Code _____

Phone Number: _____ Email Address: _____

Under the Settlement Agreement, class members who are age 65 or over, who will reach age 65 during the Refund Period, or who are in ill health are eligible for expedited payment of the full remaining refund owed.

I request expedited payment of the full remaining refund owed to me under the Settlement Agreement. I am eligible for this expedited payment because (select all that apply):

_____ I am age 65 or over, or will reach age 65 during the Refund Period.

Birth Year: _____

_____ I am in ill health.

By signing this form I affirm under penalty of perjury that the information provided is true and correct. I understand that I may be contacted by the City of Palo Alto or Phoenix Class Action Administration Solutions if additional information is required to confirm my eligibility.

Signature: _____ Date: _____

Please submit the completed form to info@phoenixclassaction.com.