

OPT-OUT FORM

**This is NOT a Claim Form. It EXCLUDES you from this Class Action.
DO NOT USE THIS FORM IF YOU WISH TO REMAIN IN THIS CLASS ACTION.**

<u>First Name:</u>		<u>Last Name:</u>	
<u>Any other names on the account, including former names:</u>			
<u>Current Street Address:</u>			
<u>City:</u>	<u>State:</u>	<u>City:</u>	
<u>Email Address:</u>		<u>Phone Number:</u>	
<u>Former Service Address(s), if Applicable:</u>			

By signing and returning this form, I confirm that I do not want to be included in the Class Action lawsuit referenced above.

I understand that by opting out, I am giving up my right to receive any payments from any Settlement. If you exclude yourself, you will not receive any rebate. By opting out, I understand that I retain the right to file my own individual lawsuit against the City of Billings.

I affirm that I want to **opt out** of this Class Action Lawsuit.

<u>Signature of Each Class Member or Executor, Administrative or Personal Representative on the account:</u>
<u>Date Signed:</u>
<u>Printed Name:</u>

Mail this completed and signed Opt-Out Form to:

City of Billings Settlement Administrator
P.O. Box 25199
Santa Ana, CA 92799
(833) 513-0862

**This form must be postmarked NO LATER THAN August 31, 2023
or else you will lose your right to opt out.**