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Vance v. DIRECTV

Case No. 5:17-CV-179

CLAIM FORM

Section I - Instructions

This form must be received by the Claims Administrator no later than August 7, 2023.

Mail to: Vance v. DIRECTV
c/o Kroll Settlement Administration LLC
PO Box 5324
New York, NY 10150-5324

Section II - Settlement Class Member Information

Claimant Name (Required):

First Name:

Middle Initial:

Last Name:

Current Contact Information

Street Address (Required):

City (Required):

State (Required):

Zip Code (Required):

Email (Optional):

Current Phone Number (Required):

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Your contact information will be used by the Settlement Administrator to contact you, if necessary, about your claim. Provision of your email address is optional. By providing contact information, you agree that the Settlement Administrator may contact you about your claim.

Section III – Confirmation of Class Membership

Telephone number on which call(s) were received:

- -

Did you or someone in your household own the telephone number listed above in approximately 2017-2018?

_____ YES _____ NO (If you answered “NO”, you are not eligible to receive a payment.)

Section IV – Required Affirmations

You may contact the Claims Administrator at 1-866-211-3496 or by email at info@DIRECTVClassActionSettlement.com.

To obtain additional information, you may visit the website at: www.DIRECTVClassActionSettlement.com. **By signing, you affirm that the information is correct to the best of your knowledge.**

Signature: _____ Dated: ____ / ____ / ____



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