

Settlement Claim Form
www.noncustomercallsettlement.com

Please read the information below. If you would like to participate in the settlement, please provide the information requested below. You may make claims for any relief to which you are entitled. To be valid, claims must be completed, signed, and postmarked to the Settlement Administrator no later than **October 2, 2020** at the following address: *Apria Litigation* Settlement Administrator, c/o JND Legal Administration, P.O. Box 91344, Seattle, WA 98111.

CONTACT INFORMATION (please print)

First Name: _____

Last Name: _____

Country: _____

Address: _____

City: _____ State: _____ Zip: _____

By submitting a claim form and seeking relief under this settlement, you certify that the each and every statement that follows each box you check is true under penalty of perjury. Check all that apply.

- I received one or more autodialed or prerecorded or artificial voice telephone calls, or a text message, from or on behalf of Apria at the following cellular telephone number(s):

Check the box next to each claim for which you wish to be considered. By checking any box, you are attesting that the each and every statement that follows it is true.

FOR CALL OR TEXT RECIPIENTS WHO WISH TO BE CONSIDERED FOR A CLAIM FOR PAYMENT

- I never provided any cellular telephone number listed above to Apria.
- I never signed a Sales, Service, and Rental Agreement containing any cellular telephone number I listed above.
- I never authorized anyone to provide my cellular telephone number listed above to Apria.
- I received one or more such calls or text messages on my cellular telephone number after asking Apria or its vendors, either orally or in writing, not to call or text.

I swear (or affirm) that the above statements are true and correct to the best of my knowledge under penalty of perjury of the laws of the United States.

Signature: _____

By signing your name above and submitting your claim form, you are attesting to the above information.