

## **PROOF OF CLAIM FORM**

*Hoffman v. City of Los Angeles*  
c/o A.B. Data, Ltd.  
P.O. Box 173004  
Milwaukee, WI 53217  
Toll-Free Number: (877) 390-3368  
Settlement Website: [www.LASewerChargeSettlement.com](http://www.LASewerChargeSettlement.com)

### **GENERAL INSTRUCTIONS**

A settlement has been reached with the City of Los Angeles (the “City”) in a class action lawsuit claiming, among other things, that the City overcharged certain customers of L.A. Sanitation for residential property sewer services.

The Settlement includes all Account Holders who paid Sewer Service Charges to the City of Los Angeles calculated using the Dry Winter Compensation Factor (*i.e.*, Residential Property (four or fewer units, non-“Multiple Dwelling”) and were customers of L.A. Sanitation who lack separate indoor (tributary) and outdoor (non-tributary) water meters) at any time from May 4, 2016, through June 30, 2022, inclusive (the “Settlement Class Period”).

What you have to do to get a payment depends on whether you have an active account for sewer services with the City.

**Current Customer Class Members:** If you are a Settlement Class Member who has an active account for sewer services with the City, you do not have to do anything to qualify for a payment. The City has your payment history and has provided the information necessary for the Claims Administrator to send a check to your current address. **If you are a Current Customer Class Member you do not need to submit a Claim Form.** If, however, your mailing address is going to change, please send the Claims Administrator written notification of your new mailing address.

**Former Customer Class Members:** If you are a Settlement Class Member who no longer has an active account for sewer services with the City, you must submit a Claim Form no later than **September 24, 2023**, to receive a cash payment from this Settlement.

In order to validate your claim, you must provide the following information:

1. The Notice ID included with your postcard or email notice.
2. The name of the primary account holder associated with your former account.
3. The service address associated with your former account.
4. The account number for your former account, if known.
5. Your current mailing address.

In addition, if you do not know your former account number, you must submit the following:

1. The last four digits of the Social Security Number or Tax Identification Number associated with the account.
2. **Individuals should also provide** the driver’s license number or state issued ID number associated with the account.

The Claim Form also asks for your email address and phone number for contact purposes.

The information provided on this Claim Form will be used solely by the Court-approved Claims Administrator for the purposes of administering the Settlement and will not be provided to any third party or sold for marketing purposes.

**CLAIM FORMS MUST BE SUBMITTED NO LATER THAN SEPTEMBER 24, 2023.**

You may submit your claim online at [www.LASewerChargeSettlement.com](http://www.LASewerChargeSettlement.com) or by mail to the Claims Administrator at the following address:

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**QUESTIONS? CALL 1-877-390-3368 TOLL-FREE OR VISIT [WWW.LASEWERCHARGESETTLEMENT.COM](http://WWW.LASEWERCHARGESETTLEMENT.COM).**

**CLAIMANT INFORMATION**

This Claim Form must be submitted online at [www.LASewerChargeSettlement.com](http://www.LASewerChargeSettlement.com) no later than September 24, 2023, or, if mailed, be postmarked no later than September 24, 2023.

**NOTICE ID NUMBER – FOUND ABOVE MAILING BLOCK ON POSTCARD NOTICE OR AT THE TOP OF YOUR NOTICE EMAIL**

**PRIMARY ACCOUNT HOLDER NAME (MUST MATCH THE NAME OF THE ACCOUNT HOLDER)**

**FORMER ACCOUNT ADDRESS**

**CITY**

**STATE**

**ZIP**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**CURRENT ADDRESS**

**CITY**

**STATE**

**ZIP**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**FORMER ACCOUNT NUMBER (IF KNOWN)**

**LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER OR TAX IDENTIFICATION NUMBER**

**DRIVER'S LICENSE NUMBER OR STATE ISSUED ID NUMBER**

**EMAIL ADDRESS**

**PHONE NUMBER**

**CERTIFICATION**

By signing this claim submission, I certify, under penalty of perjury, that the information included with this claim submission is accurate and complete to the best of my knowledge, information, and belief. If I am submitting this claim submission on behalf of a claimant, I certify that I am authorized to submit this claim submission on the individual's behalf. I am, or the individual on whose behalf I am submitting this claim submission is, a member of the Settlement Class, and have not submitted a request to exclude myself from, or "opt out" of, the Settlement. I agree and consent to be communicated with electronically via email and/or phone. I agree to furnish additional information regarding this claim submission if requested to do so by the Claims Administrator.

**Signature**

**Date**

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**REMINDER CHECKLIST:**

1. Please sign and date the above release and certification.
2. If your mailing address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address.
3. Keep copies of the completed Claim Form for your own records.
4. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the address below, by email at [info@LASewerChargeSettlement.com](mailto:info@LASewerChargeSettlement.com), or by toll-free phone at 1-877-390-3368, or you may visit [www.LASewerChargeSettlement.com](http://www.LASewerChargeSettlement.com). **Please DO NOT call the City of Los Angeles or the Los Angeles Department of Water and Power with questions regarding your claim.**

THIS CLAIM FORM MUST BE **POSTMARKED OR SUBMITTED ELECTRONICALLY NO LATER THAN SEPTEMBER 24, 2023**, ADDRESSED AS FOLLOWS:

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