

# MAT ASPHALT CLASS ACTION LAWSUIT CLAIM FORM

## GENERAL INSTRUCTIONS

- 1. IN ORDER TO CLAIM COMPENSATION FROM THE SETTLEMENT, THIS CLAIM FORM MUST: BE POSTMARKED BY JANUARY 22, 2024, BE FULLY COMPLETED, BE SIGNED UNDER OATH AND MEET ALL REQUIREMENTS OF THE SETTLEMENT AGREEMENT.**
2. If you wish to complete and return this Claim Form, you must timely mail it along with the requested documentation to: Liddle Sheets Coulson P.C., Attn: MAT Asphalt Claim Forms, 975 E. Jefferson Ave., Detroit, MI 48207. If you fail to return a properly addressed, and fully completed Claim Form with all the requested documentation on or before the deadline, your claim likely will be rejected and you may be precluded from receiving any distribution from the Settlement Fund.
3. It is important that you completely read the Notice of Pendency of Class Action Settlement (the "Class Notice") that accompanies this Claim Form. The Class Notice explains many of the terms used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read the Class Notice, including the terms of the releases described therein and provided for herein.
4. This Claim Form is directed to all Settlement Class Members as defined in the attached Class Notice.
- 5. IF YOU ARE NOT A SETTLEMENT CLASS MEMBER OR IF YOU, OR SOMEONE ACTING ON YOUR BEHALF, FILED A REQUEST FOR EXCLUSION FROM THE CLASS, DO NOT SUBMIT A CLAIM FORM. YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT IF YOU ARE NOT A SETTLEMENT CLASS MEMBER. THUS, IF YOU FILE A VALID REQUEST FOR EXCLUSION IN A TIMELY MANNER, ANY CLAIM FORM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED.**
6. Submission of this Claim Form does not guarantee that you will share in the Settlement Fund. The distribution of the Settlement Fund is governed by the claim procedures set forth in the Settlement Agreement, if approved by the Court or such other plan of allocation as the Court approves.
7. You are required to submit genuine and sufficient documentation in response to the requests contained in this Claim Form. **IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT DOCUMENTS TO SUPPLY THESE REQUESTS. THE LACK OF DOCUMENTATION MAY RESULT IN REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS.** Please keep a copy of all documents that you send to Class Counsel. No documents you submit with your Claim Form will be returned to you.

Questions? Need a Claim Form?

Visit: [www.LSCCounsel.com/mataspphaltsettlement](http://www.LSCCounsel.com/mataspphaltsettlement) or

Contact Class Counsel: 800-536-0045

8. If the Court approves the Settlement Agreement and you or anyone in your household timely and properly completes and submits this Claim Form with the requested documentation and it is approved by Class Counsel, a check will be sent to your household for your payment from the Settlement Fund. You will then have one hundred and eighty (180) days from the date on the check to cash it. Any uncashed checks after that time will become null and void. If you or someone in your household fails to cash a check within that time, you and everyone else in your household will forever forfeit any claim to receive any payment from the Settlement Fund.
  
9. Please type or print legibly in black ink.

## MAT Asphalt Claim Form Continued

### Claimant's Identity

\_\_\_\_\_  
Your Full Name (please print)

\_\_\_\_\_  
Your Spouse's Full Name (please print)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
City, State Zip

(\_\_\_\_\_)\_\_\_\_\_  
Daytime telephone number

### Eligibility

Please provide the address of the property that you owned or occupied which is located within one half mile (.5) mile of Defendant's facility at 2055 W. Pershing Road, in the City of Chicago, Illinois at any time since July 20, 2018. Specifically, the Class Area is delineated as the following area:

Starting at S California Avenue and W 42<sup>nd</sup> Street, proceed east to S Western Boulevard. Follow S Western Boulevard south to W 43<sup>rd</sup> Street. Proceed east on W 43<sup>rd</sup> Street to S Ashland Avenue. Follow S Ashland Avenue north to W 33<sup>rd</sup> Street. Take W 33<sup>rd</sup> Street west to S Western Boulevard. Follow S Western Boulevard south to W 35<sup>th</sup> Street. Follow W 35<sup>th</sup> Street to S California Avenue. Proceed south on S California Avenue to the starting point at W 42<sup>nd</sup> Street.

**A picture of this area can be found at [www. LSCCounsel.com/mataspphaltsettlement](http://www.LSCCounsel.com/mataspphaltsettlement).**

\_\_\_\_\_  
Claimed Address

\_\_\_\_\_  
City, State Zip

Please provide the dates that you owned or resided at the Claimed Address: \_\_\_\_\_

### Proof of Identification

You must attach to your Claim Form a copy of a government-issued photo identification to establish your identity and current address. Please mark the box that identifies the requested enclosed item:

- Driver's License
- State Identification Card
- Other government-issued photo identification sufficient to prove your identity

## MAT Asphalt Claim Form Continued

### Claimant's Certification

#### Claimed Address Ownership and/or Occupancy Status

If you own(ed) or occupy(ied) residential property within the Class Area, mark the box that describes your interest in that property and attach the requested documents to your Claim Form.

- Owner - If marked, you *must* attach a copy of documentation of ownership such as a current utility bill
- Tenant - If marked, you *must* attach a copy of either a valid rental agreement or a current utility bill.

By submitting this Claim Form and checking the boxes below, I declare under penalty of perjury that I am a member of the Class and that the following statements are true:

- 1) I have completely read the Notice of Proposed Class Action Settlement that accompanied this Claim Form.
- 2) I have not been diagnosed with, am not aware of, and do not have any symptoms that I suspect could be associated with any sickness, disease or physical injury which may have been caused by the action or inaction of Defendant MAT Asphalt LLC; and that I have not received benefits under Medicare or any other federal or state governmental program for any such sickness, disease or injury; and that I will defend and indemnify Defendant MAT Asphalt LLC against any lien claims by any party, including Medicare or any other governmental program or other entity seeking repayment of such benefit.
- 3) All information provided in this Claim Form and its attachments is true and correct.

Date: \_\_\_\_\_

Your signature: \_\_\_\_\_

Your fully completed Claim Form must be postmarked no later than January 22, 2024 to Class Counsel at the following address:

**Liddle Sheets Coulson P.C.**  
**Attn: MAT Asphalt Claim Forms**  
**975 E. Jefferson Ave.**  
**Detroit MI 48207-3101**