

CLAIM FORM

CLASS ACTION SETTLEMENT

If your vehicle was booted/immobilized by Citywide Parking Services, LLC (“Citywide”) in Sandy Springs, Georgia from September 30, 2017 to December 18, 2020 or in Marietta, Georgia between July 1, 2014 to December 18, 2020, you may be eligible for a payment in this Settlement. For complete details of which parking lots and time period are included in this Settlement, please review the Class Action Notice at www.BootingClassAction.com.

Please print (or type) clearly in blue or black ink. This Claim Form must be submitted online or mailed and postmarked by **April 22, 2024**. If you have more than one claim, please submit a separate Claim Form for each of your claims.

1. CLASS MEMBER INFORMATION

Name: _____

Address: _____
Number and Street City State Zip Code

Phone: _____

2. LOSS/ CLAIM INFORMATION

Address or Parking Lot Where Booting Occurred:

Address or Parking Lot City

Date of Booting: _____
Month/Day/Year

License Plate/VIN Number of Booted Vehicle: _____

PLEASE CERTIFY:

I was in possession or control of a vehicle that was booted.

Yes _____ No _____ I do not know _____

I personally paid to have the boot removed.

Yes _____ No _____ I do not know _____

I paid the following:

\$ _____

to Citywide Parking via:

credit card / cash / check (circle one) to have the boot removed.

3. DOCUMENTATION

Attach any documents that you have showing:

- The vehicle that was booted by Citywide Parking;
- Where and when the booting occurred;
- That you were driving the vehicle that was booted; and
- That you made payment to Citywide Parking to have the boot removed (i.e., receipts, credit card statements).

4. SIGN, DATE AND SUBMIT YOUR CLAIM FORM

Pursuant to 28 U.S. Code § 1746, I certify under penalty of perjury under the laws of the United States of America that I have read this Claim Form; I believe I am eligible for Class membership; all of the information on this Claim Form is true and correct to the best of my knowledge; I have made a diligent search for the documents described in Part 3 above; and I have attached to or enclosed with this Claim Form all documents that I have been able to locate.

Signature

Print Name

_____/_____/_____
Month/Day/Year

5. SUBMIT YOUR CLAIM FORM

Claim Forms must be submitted online, emailed or postmarked by **April 22, 2024**, and mailed to:

Citywide Parking Settlement Claims
c/o Atticus Administration, LLC
PO Box 64053
St. Paul, MN 55164

Email: CitywideParkingSettlement@atticusadmin.com

Website: www.BootingClassAction.com