

**Claim Form**

*Wave Lengths Hair Salons of Florida, Inc. d/b/a Salon Adrian, et al. v. CBL & Associates Properties, Inc. et al.,*  
Case No. 2:16-cv-00206-SPC-MRM

**One claim form must be submitted for each leased location.**

Full Legal Name of individual or entity that entered lease at Covered Mall:<sup>1</sup>

Full Legal Name entitled to settlement funds (if different from lessee): \_\_\_\_\_  
*(If different, you must fully complete the attached supplement, and include an explanation and supporting documentation.)*

DBA (if any): \_\_\_\_\_

Store Number or identifier for location (if any): \_\_\_\_\_

Name of Covered Mall: \_\_\_\_\_

Dates tenant at Covered Mall: \_\_\_\_\_

**CURRENT INFORMATION FOR PAYMENT AND CONTACT**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Taxpayer Identification Number (for payment purposes): \_\_\_\_\_

Current Phone Number: \_\_\_\_\_ Current E-mail: \_\_\_\_\_

**CERTIFICATION**

\_\_\_\_\_ (initial here): Lessee listed above has not been in bankruptcy since January 1, 2011.

\_\_\_\_\_ (or initial here): Lessee listed above has filed bankruptcy but nevertheless is entitled to settlement funds *(Must fully complete the attached supplement, and include an explanation and supporting documentation)*.

By signing below, I certify that (1) the individual or entity listed above is the entity entitled to the settlement funds, (2) the person signing this claim form has the authority to make all representations herein, and (3) the representations on this claim form are TRUE AND ACCURATE.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position / Authority to Sign: \_\_\_\_\_

Dated: \_\_\_\_\_

Please submit your completed claim form, postmarked no later than **September 19, 2019** to: **CBL Electricity Lawsuit, c/o A.B. Data, Ltd., P.O. Box 173073, Milwaukee, WI 53211**

<sup>1</sup> A list of Covered Malls is available on the Settlement Website, [www.CBLElectricityLawsuit.com](http://www.CBLElectricityLawsuit.com).

## Supplement to Claim Form

This supplement must be completed if either (1) the name of the individual or entity requesting payment of settlement funds is different than the name of the individual or entity that entered the applicable lease, or (2) the lessee has been in bankruptcy since January 1, 2011. In either situation, you must attach an explanation for your entitlement to the settlement funds and attach supporting documentation.

I hereby swear and affirm, under penalty of perjury, that

- (1) the individual or entity requesting payment of settlement funds is the individual or entity entitled to such funds
- (2) the person signing this Claim Form and Supplement has full authority to make the representations therein and in the attached explanation
- (3) the person signing this Claim Form and Supplement has personal knowledge of the facts stated in this Claim Form and Supplement and attached explanation
- (4) all representations in this Claim Form, Supplement, and attached explanation are true and correct
- (5) all attached documentation are authentic business records and are not created for the purpose of making this claim.

Your Signature: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me on  
this \_\_\_\_ day of \_\_\_\_\_, 2019

\_\_\_\_\_  
Your Printed name

\_\_\_\_\_  
Your Position or authority to sign form

\_\_\_\_\_  
NOTARY PUBLIC

Dated: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_