Medical Waste Fax
Settlement Administrator
P.O. Box 43502
Providence, RI 02940-3502

MWM

Associated Management Services, Inc., et al.
v. Medical Waste Services, LLC d/b/a
Medical Waste Services, et al.

21ST JUDICIAL CIRCUIT COURT, STATE OF MISSOURI, ST. LOUIS COUNTY

Case No. 19SL-CC00832-01

Must Be Postmarked No Later Than June 5, 2020

Claim Form

CLAIMANT INFORMATION

First Name | M.I. | Last Name

Primary Address

Primary Address Continued

City | State | Zip Code

Foreign Province | Foreign Postal Code | Foreign Country Name/Abbreviation

This Claim Form is for use in submitting a claim for a $60 payment under the settlement agreement in the case of *Associated Management Services, Inc., et al. v. Medical Waste Services, LLC d/b/a Medical Waste Services, et al.*, Case No. 19SL-CC00832-01, in the 21st Judicial Circuit Court, State of Missouri, St. Louis County. **Before submitting this Claim Form, please read carefully the Long Form Notice, Settlement Agreement and Release, Preliminary Approval Order, and other information available at** www.medwastefaxsettlement.com.

To be eligible for a voucher, you **MUST** fully complete, sign, and date this Claim Form, and mail it to the address provided above with a postmark no later than June 5, 2020, or submit your claim electronically through the Settlement Website by that same date. **This information is required so that your entitlement to a settlement payment can be verified. If you do not comply with these requirements, your claim will be denied.**

FOR CLAIMS PROCESSING ONLY	OB	CB	DOC / LC / REV	RED / A / B

1. **PRINT** the full name, address, and telephone number of the Settlement Class Member submitting this Claim Form:

First Name M.I. Last Name

Business Name (if applicable)

Address

City State Zip Code

— —
Current Telephone Number

2. **PROVIDE** the facsimile number at which you received at least one Fax Advertisement from Medical Waste Services, LLC d/b/a Medical Waste Services or Larry D. Casey between February 25, 2015 and February 11, 2020:

— —
Facsimile Number

3. **COMPLETE THE FOLLOWING VERIFICATION:**

Under penalty of perjury, I declare to the 21st Judicial Circuit Court, State of Missouri, St. Louis County, that the following information is true and correct:

(1) I am the person identified in this Claim Form; and
(2) I received at least one Fax Advertisement from Medical Waste Services, LLC d/b/a Medical Waste Services or Larry D. Casey between February 25, 2015 and February 11, 2020 at the facsimile number identified above.

Signature: _____ Dated (mm/dd/yyyy): _____

Print Name: _____