Thomas, et al. v City of St. Ann Class Action Claim Form

Please check which of these two applies to you. Claimants could be eligible for both categories:



Were held in jail by or on behalf of the City of St. Ann for nonpayment of a monetary sum arising out of a municipal ordinance violation.

Were incarcerated in the St. Ann jail.

CLAIMANT INFORMATION

| First Name: | Last Name: | MI: |
|-----------------------------------|--|---------------------------|
| Current Street Address: | | |
| City: | State:Zip: | |
| Phone Number: () | | |
| CLAIMANT DECLARATION | | |
| I hereby give assurances that the | e information I am providing is correct. | |
| Printed Name: | | |
| Signature: | Date: | |
| Claim Forms can be sub | mitted online at <u>www.StAnnClassAction.c</u> | <u>com</u> or by mail to: |
| | St. Ann Class Action | |

c/o Atticus Administration PO Box 64053 St. Paul, MN 55164 Email: <u>StAnnClassAction@atticusadmin.com</u>

CLAIMS MUST BE SUBMITTED BY February 28, 2024.

You may call the Class Administrator at 1-800-372-8104 with any questions you have.