CLAIM FORM

KATHY ALIANO v. JOE CAPUTO AND SONS-ALGONQUIN, INC.
No. 09-CV-910 (U.S.D.C. N.D. IL)

THIS CLAIM FORM AND SUPPORTING DOCUMENTS MUST BE MAILED AND POSTMARKED BY OR OTHERWISE DELIVERED BY **JULY 6, 2012** TO THE CLAIMS ADMINISTRATOR:
First Class, Inc./Aliano, 5410 W. Roosevelt Rd., Ste. 222, Chicago, IL 60644-1478, fax: 773-378-1018

I. CLAIMANT INFORMATION

Please PRINT the following information. You must provide all information requested in this section and sign the Claim Form

Name

Last Name	
First Name	

Address:

Line 1:	
Line 2:	
City/St/Zip	

E-Mail Address (if you have one):

Day Time Phone (area code-number):

Telephone	- -

II. CLAIM INFORMATION

I certify that I made a credit or debit card purchase(s) at Joe Caputo's & Sons Fruit Market in Algonquin, IL using my personal card (and not a business card) between August 27, 2007 and February 14, 2009 and I received an electronically printed receipt which contained more than the last five digits of my card number and/or the card expiration date. To verify your claim you must provide:

THE FIRST 5 DIGITS OF THE CARD NUMBER I USED ARE:

THE LAST 4 DIGITS OF THE CARD NUMBER I USED ARE:

III. YOU MUST SUBMIT DOCUMENTATION – RECEIPT OR OTHER PROOF

In order to receive a payment you must submit a copy of the receipt you received from Caputo's Algonquin, or other proof such as a monthly card statement or printout showing you made a purchase between August 27, 2007 and February 14, 2009. **IF YOU DO NOT SUBMIT THE REQUIRED DOCUMENTATION YOUR CLAIM WILL BE DENIED.**

I certify under penalty of perjury that the information provided in this claim form is true and accurate. YOU MUST SIGN OR YOUR CLAIM WILL BE REJECTED.

Date: _____ _____

SIGNATURE