

Sunrise Detox III, LLC Settlement

CLAIM FORM

Case No. 18-cv-25090-DPG

Return this Claim Form to Sunrise Detox TCPA Settlement Administrator, PO Box 4349, Portland, OR 97208-4349.
Questions? Visit www.SunriseTCPASettlement.com or call 1-855-915-0917.

DEADLINE: THIS CLAIM FORM MUST BE POSTMARKED BY DECEMBER 18, 2019, BE FULLY COMPLETED, BE SIGNED UNDER OATH, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A SETTLEMENT PAYMENT.

Please note that if you are a Class Member, the Class Member Verification section below requires you to state, under penalty of perjury, that all information contained therein is true and correct. This Claim Form may be researched and verified by the Claims Administrator.

YOUR CONTACT INFORMATION

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Address

City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone Number on the Date You Received a Text Message

 - -

Email Address

Current Phone Number (Please provide a phone number where you can be reached if further information is required.)

 - -

Unique ID (if known)

Class Member Verification

By submitting this Claim Form, I declare **under penalty of perjury** that I am a member of the Class (defined as “[1] All persons within the United States [2] who were sent a text message [3] on his or her cellular telephone [4] using the Textedly platform [5] by or on behalf of Sunrise on or about October 30, 2018.”). I further declare under penalty of perjury that I received an unauthorized text from Sunrise on or about October 30, 2018, that I did not consent to receive such a text, and that I was the subscriber of the affected cellular telephone mentioned above, and that the information provided herein is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Signature

Date: - -

MM DD YYYY

Print Name

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