

Your claim must  
be postmarked by:  
August 13, 2021

ALAMEDA COUNTY SUPERIOR COURT  
PARKER V. LOGITECH, No. RG15781276

**LGT**

## Claim Form

### I. YOUR CONTACT INFORMATION AND MAILING ADDRESS

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this form.

First Name

Last Name

Street Address

City

State

Zip Code

Phone

Email Address

Email Address Registered with Logitech as an Alert System Customer

Please enter your  
Notice ID #

if you received a Notice by email or mail.

### II. CLAIM OPTIONS -CHECK THE APPROPRIATE BOX(ES)

I purchased an Alert System and am seeking the \$50 payment.

You do not need to provide proof of purchase. Your email address must be registered with Logitech as an Alert System customer.

I am seeking an additional \$20 for each additional Alert System camera I purchased (maximum of 10 cameras).

Enter the number of additional Alert System cameras you are claiming: \_\_\_\_\_

You must provide proof of purchase for **each** Alert System camera.

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### III. PAYMENT OPTIONS - SELECT ONE

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- I would like my payment sent via PayPal. My PayPal email address is: \_\_\_\_\_
- I would like my payment sent via Venmo. My Venmo phone # is: \_\_\_\_\_
- I would like to receive a check via mail. I understand it is my responsibility to inform the Claims Administrator of any changes to my contact information provided in Section I of this Claim Form.

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### IV. VERIFICATION AND ATTESTATION UNDER OATH

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By signing below and submitting this Claim Form, I hereby swear under oath that I am a Settlement Class Member as defined in the Settlement Agreement. I further swear under oath that the information provided in this Claim Form is, to the best of my knowledge, true and correct, and that I have not submitted another claim in connection with this Settlement and know of no other person having done so on my behalf.

\_\_\_\_\_  
Your signature

Date: \_\_\_\_\_  
MM DD YYYY

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

#### **REMINDER CHECKLIST**

1. Please check and make sure you completed the entire Claim Form.
2. Please check and make sure that you signed and dated the Claim Form.
3. If you are requesting payment for additional Alert System cameras, please remember to enclose proof of purchase documentation that identifies the purchase date and price for each additional Alert System camera.
4. Please keep a copy of your completed Claim Form and any supporting documentation for your own records.
5. If you move or change addresses while your claim is pending, please make sure you provide the Claims Administrator with your correct updated address to make sure you receive any payment owed to you under the Settlement.
6. If you have any questions, please first refer to the settlement website, [www.AlertSystemSettlement.com](http://www.AlertSystemSettlement.com). You may also contact the Claims Administrator by calling the toll-free number, 1-855-632-0438, by email to [info@AlertSystemSettlement.com](mailto:info@AlertSystemSettlement.com), or by writing via U.S. mail addressed to Logitech Alert Settlement Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103.