

Your claim must be submitted online or postmarked by: November 8, 2021

IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT IN AND FOR BROWARD COUNTY, FLORIDA

JENNIFER ORSI V. SP PLUS CORPORATION ET AL.,
CASE NO. CACE19-22989
Claim Form

SPP

CLAIM FORM INSTRUCTIONS

1. You may submit your Claim Form online at www.FLLParkingSettlement.com or by U.S. Mail to the following address: *Fort Lauderdale Airport Parking Settlement, c/o Settlement Administrator, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103.*
2. You must complete the entire Claim Form. Please type or write your responses legibly.
3. If your Claim Form is incomplete or missing information, the Settlement Administrator may contact you for additional information. If you do not respond, the Settlement Administrator will be unable to process your claim, and you will waive your right to receive money under the Settlement.
4. If you have any questions, please contact the Settlement Administrator by email at info@FLLParkingSettlement.com or by mail at the address listed above.
5. **You must notify the Settlement Administrator if your address changes. If you do not, you may not receive your payment.**
6. **DEADLINE -- Your claim must be submitted online by November 8, 2021. Claim Forms submitted by mail must be postmarked no later than November 8, 2021.**

THIS FORM IS FROM A SECURE WEBSITE. NO INFORMATION YOU PROVIDE WILL BE USED OR SHARED FOR ANY PURPOSE OTHER THAN THIS CLAIMS PROCESS.

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I. YOUR CONTACT INFORMATION AND MAILING ADDRESS

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

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

We will use this address to contact you about any issues with your claim. It will not be used or shared with anyone for any other purpose

II. PARKING INFORMATION

Please answer all of the questions below:

- A. Did you park in the covered, on-site parking garage at the Fort Lauderdale-Hollywood International Airport between June 28, 2018 and October 31, 2018 or between April 5, 2019 and April 22, 2019? Yes ___ No ___
- B. If you answered "yes" to the question in "A" above, did you pay for any of that parking with a personal debit or credit card? Yes ___ No ___
- C. If you answered "yes" to the questions in "A" and "B" above, please enter below the name of the cardholder of the credit or debit card that was used to pay for that parking:

First Name

Last Name

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D. If you answered “yes” to the questions in “A” and “B” above, please, enter below the first 6 digits AND the last 4 digits of the credit or debit card that was used to pay for that parking.

*Please note that this partial number will only be used for verifying your claim.
It will not be used or shared for any other purpose.*

First 6-Digits								Last 4-Digits												
						--			X	X	--	X	X	X	X	--				

If you cannot find or remember the numbers on the credit or debit card you think you used, that is ok. Submit the form with that portion in blank. We will remind you by e-mail before the end of the claims period to give them to us. You could, for example, look at an old billing statement or check with your bank in the meantime. Please note that we may require these first six and last four digits to be able to process your claim.

III. VERIFICATION AND ATTESTATION UNDER PENALTY OF PERJURY

By signing below and submitting this Claim Form, I hereby swear under penalty of perjury that I am the person identified above and the information provided in this Claim Form is true and correct, and that I have not submitted another claim in connection with this Settlement.

Your signature

Date: _____
MM DD YYYY

Your name

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