

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TENNESSEE

Claim Forms must be
submitted online or
postmarked by:

January 9, 2024

IN RE: FAMILY DOLLAR STORES, INC., PEST
INFESTATION LITIGATION

CASE NO. 2:22-MD-03032-SHL-TMP

FMD

CLAIM FORM

CLAIM FORM INSTRUCTIONS

1. You may submit your Claim Form online at www.FDWarehouseSettlement.com or by U.S. Mail to the following address: *Family Dollar MDL 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. Please keep a copy of your Claim Form for your records.
4. 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 a Family Dollar Gift Card under the Settlement.
5. If you have any questions, please contact the Settlement Administrator by email at info@FDWarehouseSettlement.com or by mail at the address listed above.
6. **You must notify the Settlement Administrator if your address changes. If you do not, you may not receive your Family Dollar Gift Card.**
7. **DEADLINE -- Your claim must be submitted online by January 9, 2024. Claim Forms submitted by mail must be mailed to the Settlement Administrator postmarked no later than January 9, 2024.**

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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

Notice ID (Enter the Notice ID # if you received notice of
this settlement via email)

II. FAMILY DOLLAR STORE INFORMATION

Provide as much information as you are able about the address or store number of the Family Dollar Store(s) you shopped at between January 1, 2020, and February 18, 2022, inclusive:

#	Store Number	Street Address	City	State	Zip
1.					
2.					
3.					

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III. SIGNATURE 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 all the information provided in this Claim Form is true and correct;
- Between January 1, 2020, and February 18, 2022, inclusive, I personally purchased a product from the Family Dollar Store(s) listed in Section II above; and
- Neither I, nor any member of my household has previously submitted a Claim Form in this Settlement.

Your signature

Date: _____
MM DD YYYY