

Your claim form  
must be submitted  
online or  
postmarked by:  
August 25, 2026

Superior Court of the State of California  
for the County of San Diego

*Edward Galvez v. SpotHero, Inc.*,  
Case No. 26CU011741N

SHG

Claim Form

**SPOTHERO SETTLEMENT**

**CLAIM FORM FOR SETTLEMENT PAYMENT**

INSTRUCTIONS

**You may be entitled to a Cash Benefit if you purchased at least one parking reservation through SpotHero between July 1, 2024, and March 13, 2025, while in California, and used the “Map View” option to search for the parking spot.**

**If you wish to receive a Cash Benefit you must submit a valid Claim no later than August 25, 2026. Please only submit one Claim. If you do not submit a valid Claim by August 25, 2026 then you will automatically receive a Credit Voucher.**

**Any Cash Benefit will be mailed to you by check or sent through digital payment.** Please ensure you provide a current, valid mailing address, email address, and mobile phone number with your Claim submission. If the mailing address, email address, or mobile phone number you include with your submission becomes invalid for any reason, it is your responsibility to provide accurate updated contact information to the Settlement Administrator to receive a payment.

The information provided on this Claim Form will be used solely by the Court-approved Settlement Administrator for the purposes of administering the Settlement and will not be provided to any third party or sold for marketing purposes.

**SUBMITTING YOUR CLAIM FORM**

Claim Forms may be submitted online at [www.shpricingsettlement.com](http://www.shpricingsettlement.com) by August 25, 2026, or completed and mailed **postmarked no later than August 25, 2026** to:

SpotHero Settlement Administrator  
1650 Arch Street, Suite 2210  
Philadelphia, PA 19103

If you have any questions, please contact the Settlement Administrator by email at [info@shpricingsettlement.com](mailto:info@shpricingsettlement.com), by calling its toll-free phone number for this Settlement, 1-866-531-4307, or by mail at the address listed above.

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I. YOUR CONTACT INFORMATION AND MAILING ADDRESS

First Name input field

First Name

Last Name input field

Last Name

Street Address input field

Street Address

City input field

City

State input field

State

Zip Code input field

Zip Code

Email Address input field

Email Address

Phone Number input field

Phone Number

Notice ID input field

Notice ID (if you received a Notice)

Please ensure you provide a current, valid mailing address, email address, and mobile phone number with your Claim submission. If the mailing address, email address, or mobile phone you include with your submission becomes invalid for any reason, it is your responsibility to provide the Settlement Administrator with a current, valid mailing address, email address, and mobile phone for payment. The current address you provide here does not need to be the same address you used for your purchase(s) from SpotHero.

II. PAYMENT SELECTION

Please select one of the following payment options:

- Prepaid Mastercard - Enter an email address to receive the Prepaid Mastercard:
PayPal - Enter your PayPal email address:
Venmo - Enter the mobile number associated with your account:
Zelle - Enter the email address or mobile number associated with your account:
Physical Check - Payment will be mailed to the address provided above.

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**III. CERTIFICATION**

By signing this Claim submission, I certify, under penalty of perjury under the laws of the United States and the State of California, that the information included with this Claim submission is true, accurate, and complete to the best of my knowledge, information, and belief. If I am submitting this Claim submission on behalf of a Claimant, I certify that I am authorized to submit this Claim submission on the individual's behalf. I am, or the individual on whose behalf I am submitting this Claim submission is, a member of this Settlement Class, and have/has not submitted a request to be excluded from, or "opted out of," the Settlement. I agree to furnish additional information regarding this Claim if requested to do so by the Settlement Administrator. **By signing below, I agree and consent to be communicated with electronically via email and/or mobile phone text about the settlement (message & data rates may apply).**

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_