

STONY HOLLOW LANDFILL LAWSUIT CLAIM FORM

CLASS ACTION SETTLEMENT

GENERAL INSTRUCTIONS

1. THIS CLAIM FORM MUST: (a) BE POSTMARKED BY September 9, 2018, (b) BE FULLY COMPLETED, (c) ATTACH ALL REQUIRED DOCUMENTATION, (d) BE SIGNED BY YOU, AND (e) MEET ALL REQUIREMENTS OF THE SETTLEMENT AGREEMENT.

2. In order to claim compensation from the settlement and to receive a payment from the Settlement Fund, a Settlement Class Member such as yourself must complete and return this Claim Form along with the requested documentation to Class Counsel: Liddle & Dubin, P.C., 975 E. Jefferson Ave., Detroit, MI 48207. If you fail to properly complete and timely return this Claim Form, your claim may be rejected, and you may be precluded from receiving any payment from the Settlement Fund, but you will still be bound by the Settlement Agreement if the Court approves it.

3. This Claim Form is directed to all Settlement Class Members as defined in the attached Notice of Pendency of Class Action Settlement (the "Class Notice").

4. IF YOU ARE NOT A SETTLEMENT CLASS MEMBER OR IF YOU, OR SOMEONE ACTING ON YOUR BEHALF, FILED A REQUEST FOR EXCLUSION FROM THE SETTLEMENT CLASS, DO NOT SUBMIT A CLAIM FORM. YOU MAY NOT, DIRECTLY OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT IF YOU ARE NOT A SETTLEMENT CLASS MEMBER. THUS, IF YOU FILE A VALID REQUEST FOR EXCLUSION IN A TIMELY MANNER, ANY CLAIM FORM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED.

5. It is important that you completely read the Class Notice that accompanies this Claim Form and the Settlement Agreement. The Class Notice and Settlement Agreement contain the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read the Class Notice and Settlement Agreement, including the terms of the releases made by you and the other Settlement Class Members. Your Claim Form may be rejected if you do not check the box that says you have read the Class Notice and Settlement Agreement.

6. Submission of this Claim Form does not guarantee that you will get a share of the Settlement Fund. If the Court does not approve the proposed settlement, there will be no Settlement Fund or distribution from it. If the Court does approve the settlement, the distribution of the Settlement Fund will be governed by the claim procedures set forth in the Settlement Agreement or such other plan of allocation as the Court may approve.

7. You are required to submit copies of genuine and sufficient documentation in response to the requests contained in this Claim Form. IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT DOCUMENTS TO SUPPLY THESE REQUEST. THE LACK OF DOCUMENTATION MAY RESULT IN REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS. KEEP A COPY OF ALL DOCUMENTS THAT YOU SEND TO CLASS COUNSEL. Any documents you submit with your Claim Form will not be returned.

8. If you or anyone in your household timely and properly completes and submits this Claim Form and it is approved by Class Counsel, a check will be sent to your household for your payment from the Settlement Fund in approximately thirty (30) days after the Court's approval of the settlement becomes final. You will have one hundred and twenty (120) days from the date of the check to cash it. Any

uncashed checks after 120 days will become null and void and you or any other Settlement Class Member who fails to timely cash such a check will forever forfeit any claim to receiving any payment from the Settlement Fund.

9. Type or print legibly in blue or black ink.

Claimant's Identity

Your Full Name (please print)

Your Spouse's Full Name (please print)

Current Mailing Street Address

Email Address

City, State Zip

(_____)_____
Daytime telephone number

Eligibility

I own(ed) and occupied or rent(ed) a residential property within the Class Area at some point in time from October 31, 2012 to the present. Yes No

Claimed Address

1. Is your affected address the same as your current address, above? Yes No

2. If no, please provide your claimed address within the Class Area:

Street Address

City, State Zip

Proof of Identification

You must attach to your Claim Form a copy of a government-issued photo identification to establish your identity and current address. Please mark the box that identifies the requested enclosed item:

- Driver's License
- State Identification Card
- Other government-issued photo identification sufficient to prove your identity

Claimed Address Status

If you own(ed) or rent(ed) a residential property within the Class Area, mark the box that describes your interest in that property and attach the requested documents to your Claim Form.

- Owner/occupant - If marked, you *must* attach a copy of the deed or other documentation of ownership. If your current address as reflected on the proof of identification you provided does not match this address, please attach a utility bill or other proof that you resided at the property.
- Tenant - If marked, you *must* attach a copy of either a valid lease or rental agreement.

Date you first owned or rented the property at this address _____

Do you currently own or rent property at this address? Yes No

If you answered no to the prior question, date you last owned or rented property at this address_____

Claimant's Certification

By submitting this Claim Form, I declare under penalty of perjury that all statements in the boxes I have checked above and below are true and all responses in this Claim Form are true and accurate to the best of my knowledge.

I have read was the Notice of Pendency of Class Action Settlement (the "Class Notice") accompanying this Claim Form and understand the referenced Settlement Agreement, which I have had the opportunity to review.

_____ Date: _____
Your signature

_____ Date: _____
Your Spouse's signature

Your fully completed Claim Form must be postmarked no later than **September 9, 2018** to Class Counsel at the following address:

Liddle & Dubin, P.C.
Attn: Stony Hollow Claim Forms
975 E. Jefferson Ave.
Detroit MI 48207-3101