

# TARGET CLASS ACTION SETTLEMENT

## CLAIM FORM

July 30, 2019 – Date of Preliminary Approval

**TO RECEIVE A PAYMENT OF UP TO \$70 FROM THE SETTLEMENT FUND, YOU MUST COMPLETE THIS CLAIM FORM AND SUBMIT IT BY NOVEMBER 3, 2019.**

**IMPORTANT NOTE:** You must complete and submit this Claim Form by November 3, 2019 in order to receive payment. To complete this Claim Form, read the instructions below in Step 1; provide the requested information in Step 2; sign the certification in Step 3; and submit the Claim Form using one of the methods set forth in Step 4. Each Settlement Class Member is entitled to make only one claim regardless of the number of telephone calls received. There can be only one claim per phone number and only one claim per Settlement Class Member.

### STEP 1 – DIRECTIONS

In the spaces below, print your (i) name, (ii) address, and (iii) the cellular telephone number at which you received a non-emergency automated telephone call from Target between March 27, 2012 and May 15, 2018 for debt collection purposes and where you were not the debtor on the account.

### STEP 2 – CLAIMANT INFORMATION

First Name:

MI

Last Name:

Address:

City:

State:

ZIP Code:

Contact Email Address:

Telephone Number:

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*This must be the telephone line on which you received the unauthorized automated call(s).*

### STEP 3 – CERTIFICATION

I hereby certify that:

1. I received one or more automated debt collection calls from Target on the telephone number listed above between March 27, 2012 and May 15, 2018;
2. The telephone number was a cellular telephone number when I received the calls;
3. I was the registered or authorized user of the telephone number listed above when I received the automated call(s) from Target;
4. I was not the debtor on the account that was the subject of the debt collection call(s) placed by Target; and
5. I did not consent, or I had previously withdrawn consent, to receive the automated debt collection call(s) from Target.

*I certify that all the above statements are true to the best of my knowledge. I understand that this Claim Form will be reviewed for authenticity and completeness, I agree that I will not object to a request by the Settlement Administrator or the Parties to this action to contact me if necessary to verify my claim, and I understand that the Settlement Administrator has the right to verify my responses with my telephone carrier or otherwise dispute any claims that are based on inaccurate responses.*

Signature

Date:

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MM

DD

YYYY

#### STEP 4 – METHODS OF SUBMISSION

***Please submit the completed Claim Form above through one of the following methods:***

1. Online by visiting [www.TargetTCPASettlement.com](http://www.TargetTCPASettlement.com) and completing an online Claim Form no later than midnight, U.S. Eastern Standard Time, on **November 3, 2019**; OR
2. By emailing the completed Claim Form to [claims@TargetTCPASettlement.com](mailto:claims@TargetTCPASettlement.com) no later than midnight, U.S. Eastern Time, on **November 3, 2019**; OR
3. By mailing via U.S. Mail a completed and signed Claim Form to the Settlement Administrator, postmarked no later than **November 3, 2019**, and addressed to:

Target TCPA Settlement  
P.O. Box 6397  
Portland, OR 97228-6397