400960259999999990

90 Washington Street Class Action Claim Form

TYPE OF CLAIM BEING SUBMITTED (check the appropriate box):

I am submitting:

☐ a claim for myself only

☐ a joint claim for myself and others.

PERSONAL INFORMATION: Please provide your name and current contact information. If this is a Joint Claim, all cotenants must provide their names and current contact information.

First Name | MI | Last Name

Current Street Address

City | State | ZIP

Email Address

Daytime Phone Number

– –

Cotenant

First Name | MI | Last Name

Current Street Address

City | State | ZIP

Email Address

Daytime Phone Number

– –

Cotenant

First Name | MI | Last Name

Current Street Address

City | State | ZIP

Email Address

Daytime Phone Number

– –

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RENTAL INFORMATION: Please provide the address(es) of the apartment(s) that you rented at 90 Washington Street from June 14, 2015, to the present, and the names of any cotenants who signed the lease along with you.

Street Address and Apt. No.	Lease Start Date	Lease End Date	Cotenants (if any)

I (we) do hereby swear (or affirm) under penalties of perjury, that the information listed above is true and accurate to the best of my (our) knowledge, that I am (we are) entitled to file this Claim Form and receive any cash payments that may be owed as to the above leases under the Settlement of this Action, and that this Claim Form was executed by me (us) at the place(s) and date(s) noted above.

_____, _____ _____ _____
City State Date Signature of Tenant Claimant

_____
Print Your Name

_____, _____ _____ _____
City State Date Signature of Cotenant Claimant (if any)

_____
Print Your Name

If signed by an authorized Legal Representative of a Claimant or Cotenant Claimant:

_____, _____ _____ _____
City State Date Signature of Person Signing for Claimant

_____ _____
Capacity of Person signing for Claimant
(e.g., Executor, Administrator, and President)

Print Your Name

REMINDER: YOU MUST SIGN THIS FORM AND MAIL IT POSTMARKED ON OR BEFORE NOVERMBER 2, 2026, TO:

90 Washington Claims Administrator
P.O. Box 3628
Portland, OR 97208-3628

FAILURE TO DO SO BY THAT DATE WILL RESULT IN FORFEITURE OF ANY CASH PAYMENT TO WHICH YOU MIGHT OTHERWISE BE ENTITLED.