

# CLAIM FORM

## CLASS ACTION SETTLEMENT

If your vehicle was booted/immobilized by Castle Parking Solutions, LLC (“Castle Parking”) in Atlanta, Georgia, or Decatur, Georgia, between October 10, 2014, to October 10, 2019, you may be eligible for a payment in this settlement. For complete details of which parking lots and time period are included in this settlement, please review the Class Action Notice at [www.BootingClassAction.com](http://www.BootingClassAction.com).

Please print (or type) clearly in blue or black ink. This Claim Form must be submitted online or mailed and postmarked by **August 2, 2022**. If you have more than one claim, please submit a separate Claim Form for each of your claims.

Claimant ID (if known): \_\_\_\_\_

### 1. CLASS MEMBER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Number and Street City State Zip Code*

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### 2. LOSS/ CLAIM INFORMATION

Address or Parking Lot Where Booting Occurred:

\_\_\_\_\_  
*Address or Parking Lot City*

Date of Booting Removal: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Month/Day/Year*

License Plate Number of Booted Vehicle: \_\_\_\_\_

### PLEASE CERTIFY:

I was in possession or control of a vehicle that was booted: Yes \_\_\_\_\_ No \_\_\_\_\_ I do not know \_\_\_\_\_

I personally paid to have the boot removed: Yes \_\_\_\_\_ No \_\_\_\_\_ I do not know \_\_\_\_\_

I paid the following to Castle Parking via credit card / cash / check (circle one) to have the boot removed.  
\$ \_\_\_\_\_.

### 3. DOCUMENTATION

Attach any documents that you have showing:

- The vehicle that was booted by Castle Parking;
- Where and when the booting occurred;
- That you were driving the vehicle that was booted; and

- That you made payment to Castle Parking to have the boot removed (i.e., receipts, credit card statements).

#### 4. SIGN, DATE AND SUBMIT YOUR CLAIM FORM

Pursuant to 28 U.S. Code § 1746, I certify under penalty of perjury under the laws of the United States of America that I have read this Claim Form; I believe I am eligible for Class membership; all of the information on this Claim Form is true and correct to the best of my knowledge; I have made a diligent search for the documents described in Part 3 above; and I have attached to or enclosed with this Claim Form all documents that I have been able to locate.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Month/Day/Year*

#### 5. MAIL YOUR CLAIM FORM

Claim Forms must be postmarked by **August 2, 2022** and mailed to:

Castle Parking Settlement Claims  
c/o Atticus Administration, LLC  
PO Box 64053  
St. Paul, MN 55164  
[Bootingclassaction@atticusadmin.com](mailto:Bootingclassaction@atticusadmin.com)

#### 6. CLAIMS ADMINISTRATION

Please be patient. You will receive a letter telling you if you qualify for a payment. The letter will explain the process and deadlines to resolve any disagreement you may have with this determination.