

Zayo BIPA Settlement Settlement Administrator  
P.O. Box 404041  
Louisville, KY 40233-4041



**ZAZ**

*Zhirovetskiy et al v. Zayo Group, LLC*

CIRCUIT COURT OF  
COOK COUNTY, ILLINOIS

Case No. 17-CH-09323

**Must Be Postmarked  
No Later Than  
April 8, 2019**

## Claim Form

### CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

**TO RECEIVE A CASH PAYMENT FROM THE SETTLEMENT FUND,  
YOU MUST COMPLETE THIS CLAIM FORM AND SUBMIT IT BY APRIL 8, 2019.**

**IMPORTANT NOTE:** You must complete and submit this Claim Form by April 8, 2019 in order to receive payment. To complete this Claim Form, read the instructions below in Step 1; truthfully provide the requested information in Step 2; sign the certification under penalty of perjury in Step 3; and submit the Claim Form using one of the methods stated in Step 4.

Each Settlement Class Member is entitled to submit only one Claim Form regardless of the number of hand, palm or finger scans taken by Zayo Group, LLC. There can be only one claim for any given Settlement Class Member.

### STEP 1 – DIRECTIONS

In the spaces below, print your telephone number and name or location of the Zayo Group, LLC colocation(s) or facility(ies) you used. Remember that only individuals who were required to provide their hand, palm, or finger scan for security purposes on at least one occasion between July 6, 2012 and December 27, 2017 are eligible for a claim.



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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