

**Claim File Request Form
(ReQuip Class Action)**

Crawford File No.: (insert No. from letter)	
TR No. (last three digits 097862-***)	
Your Name:	

I hereby request a copy of my complete Claim File *(Please circle the preferred delivery method below)*

Option 1: Paper copy mailed to

OR

Option 2: Electronic copy emailed to: _____

**THIS CLAIM FILE REQUEST FORM MUST BE RECEIVED BY THE
ADMINISTRATOR BY FRIDAY JUNE 3, 2016**

To obtain this information, I agree to pay a reasonable fee for reproduction and postage (if applicable) to Crawford Class Action Services.

Signature of Claimant

Date

Please send completed form to:
ReQuip Claims Administrator
c/o Crawford Class Action Services, by either:
Fax #1-888-842-1332
Email: Requipclassaction@crawco.ca
Courier: 610-180 King St S, Waterloo, ON, N2J 1P8
Mail: 3, 505-133 Weber St N, Waterloo, ON, N2J 3G9