

Exhibit C

RESPONSE DEADLINE:

**MUST BE POSTMARKED
NO LATER THAN**

Class Administrator
Address Line 1
Address Line 2
Class Admin Phone

CLAIM FORM BY AFFIDAVIT

If you received a prerecorded voicemail regarding Mosquito Squad’s services on either your cellphone or residential landline in April or May of 2019, you may be a member of a class action lawsuit filed against Mosquito Squad of Fairfield and Westchester County, and may be entitled to receive compensation as the result of a Class Settlement reached in that lawsuit. If you did not receive a prerecorded voicemail regarding Mosquito Squad’s services on either your cellphone or residential landline, you are not a Class Member and are not entitled to receive compensation through this lawsuit and settlement. Read the attached Class Notice for more information.

If you believe you are a Class Member, you must complete and submit this form in order to be eligible to be included in this class and receive any compensation through this lawsuit. You must send this completed, signed form by first class mail, postmarked no later than _____, to the following address: _____

You can also submit this form online at: www._____.com

If you do not (1) submit this signed, completed form online by _____ or (2) send in this signed, completed form to this address postmarked no later than _____, your claim will be rejected. You will not be a member of the class and you will not receive any compensation or benefits in connection with any potential recovery in this case. Do not send your claim to the Court or to any other address.

STEP 1: You MUST Check Off One, And ONLY One, Option

I elect to receive: Voucher For One Pest Treatment (\$189 Value) OR \$90 Cash

***Pest Treatment Voucher is good for two years from date of issuance for a one-time tick or general pest spray treatment. For use within Rockland County and Westchester County, New York and Fairfield County and New Haven County, Connecticut. Fully transferrable for use within these counties.**

STEP 2: Certification

I certify that I am a member of the proposed class. I declare under penalty of perjury that the foregoing is true and correct and I certify that all of the information I provided on this Claim Form By Affidavit is true, complete and accurate.

Signature

Date

Class Identification Number (Refer to your Class Notice or Email): _____

Please confirm your name and address below and correct any information if necessary:

Name: __ (Auto-filled Name) _____

Address: __ (Auto-filled address) _____