Metairie Towers Settlement Administrator P.O. Box 3637 Baton Rouge, LA 70821

# Your Claim Form Must Be Postmarked On or Before 9/26/2025

## Metairie Towers Class Action Sworn Claim Form

24th Judicial District Court, Parish of Jefferson, Civil Action Number 839-979

(NOTE: A separate Sworn Proof of Claim Form MUST be completed for each claimant) (NOTE: This Sworn Proof of Claim Form MUST be notarized)

#### **GENERAL CLAIM FORM INFORMATION**

If you owned a condominium at Metairie Towers Condominium complex located at 401 Metairie Road, Metairie, Louisiana 70005 continuously from August 29, 2021 through April 21, 2023 and/or you bought a condominium at Metairie Towers after August 29, 2021 and owned it until April 21, 2023, you could receive monetary benefits from a partial class action settlement.

Please read the full notice of this settlement at www.MetairieTowersSettlement.com carefully before filling out this Form.

To participate, you must fill this claim form out completely and mail it to Metairie Towers Settlement Administrator, P.O. Box 3637, Baton Rouge, LA 70821 or email it to info@MetairieTowersSettlement.com. This Claim form must be postmarked no later than September 26, 2025. If you provide incomplete or inaccurate information, your claim may be denied.

Keep a copy of your completed Claim Form for your records. Any proof of ownership, identification documentation, or other documents you submit with your Claim Form cannot be returned.

If your claim is rejected for any reason, the Settlement Administrator will notify you of the rejection and the reasons for such rejection.

Part 1: Eligibility Questions				
•	•	ted at 401 Metairie Road, Metairie Louisiana, 70005 continuously condominium at Metairie Towers after August 29, 2021 and	, from	
No: If you checked "No", y	you are not eligible to participate in this s	settlement.		
Yes: Please complete the re	maining Proof of Claim Form including	attaching the correct supporting documents.		
2. Please provide a listing of the unit nun	nber(s) you owned and whether it was a	one bedroom unit or a two bedroom unit?		
a. Unit No.	One Bedroom	Two Bedroom		
b. Unit No.	One Bedroom	Two Bedroom		
c. Unit No.	One Bedroom	Two Bedroom		
d. Unit No.	One Bedroom	Two Bedroom		
You are eligible for payment only if yo	ou answered "Yes" for Question 1.			
11.0 1.0 1	, 0	and have notarized your Claim Form and mail it to:		
P.O. J	Box 3637, Baton Rouge, LA 70821 pos	stmarked by September 26, 2025.		
You can also e-mail the signed and notar If you have questions about your eligibili other documents at the website. You may	ity to participate or on how the Settlemen	nt Fund will be distributed, you should review the Class Notice and	d	

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Part 2: Class Member Information				
Type or print neatly in blue or black ink.	_			
First Name	Middle Initial			
Last Name	S., CC.,			
Last Name	Suffix			
To do the state of				
Entity/Business Name				
Person to contact if there are questions regarding this claim form.				
reson to contact it there are questions regarding this claim form.				
Specify one of the following:				
Individual Business				
Due to the estimated claim award, you must provide your SSN/TIN to satisfy tax reporting obligations.  If you do not provide your SSN/TIN, your claim may be delayed or denied.				
Individuals: Provide Social Security Number:				
Date of Birth (Month and Year):				
Businesses: Provide your Federal Taxpayer Identification Number:				
Date of Formation or Incorporation: / / / /				
Contact Information				
Current Mailing Address: Number and Street or P.O. Box				
	_			
City State Zip Code				
Telephone Number (Day) Email Address				
Claim Information				
Claimant must provide (1) proof of ownership and (2) identity. Ownership can be proved by submitting at least one form of documents of the control of the co	_			
not limited to, tax bill, property insurance bill, recorded bill of sale or deed, or court order. Identity can be proved by any governme such as a driver's license, identification card, or passport.	ent-issued identification,			
Dant 2. Sign. Data and Have Notonized				
Part 3: Sign, Date, and Have Notarized  I hereby swear and affirm, under penalty of perjury, that all of the foregoing information is true and correct:				
Thereby swear and armin, under penalty of perjury, that air of the foregoing information is true and correct.				
Signature of Class Member Date				
Printed Name of Class Member				
Signature of Representative of Class Member (if applicable)				
Sworn to and Subscribed before me, Notary, on the day of, 2025.				
NOTARY				
NOTAKI				

## (NOTE: A separate Sworn Proof of Claim Form MUST be completed for each claimant) (NOTE: This Sworn Proof of Claim Form MUST be notarized)

## **Mail Completed Form To:**

### METAIRIE TOWERS SETTLEMENT ADMINISTRATOR

P.O. Box 3637

## Baton Rouge, LA 70821

#### REMINDER:

#### Please make sure that you:

- 1. Complete all three parts of this Claim Form;
- 2. Sign, date and notarize the Claim Form, and include supporting documentation;
- 3. Submit your Claim Form via mail postmarked no later than September 26, 2025 to:

#### METAIRIE TOWERS SETTLEMENT ADMINISTRATOR

P.O. Box 3637

### Baton Rouge, LA 70821 or email it to: info@MetairieTowersSettlement.com.

- 4. Keep a copy of the completed Claim Form for your records;
- 5. Retain a copy of any proof of ownership and identification documentation you submit until your claim is closed. You will be notified if you are required to provide additional documentation during the claim verification process.