

Rack Room Settlement Administrator
P.O. Box 43507
Providence, RI 02940-3507



RRG

UNITED STATES DISTRICT
COURT SOUTHERN
DISTRICT OF FLORIDA
Case No. 1:18-cv-21220-KMW

**Must Be Postmarked
No Later Than
January 31, 2020**

Rack Room Shoes, Inc. Settlement Claim Form

CLAIMANT INFORMATION

First Name										M.I.		Last Name									
Primary Address																					
Primary Address Continued																					
City												State				Zip Code					

Return this Claim Form to: Rack Room Settlement Administrator, P.O. Box 43507, Providence, RI 02940-3507.
Questions, visit www.RackRoomTCPAsettlement.com or call 1-866-497-4092.

DEADLINE: THIS CLAIM FORM MUST BE POSTMARKED BY JANUARY 31, 2020, BE FULLY COMPLETED, BE SIGNED UNDER OATH, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A SETTLEMENT PAYMENT.

Please note that if you are a Class Member, the Class Member Verification section below requires you to state, under penalty of perjury, that all information contained therein is true and correct. This Claim Form may be researched and verified by the Settlement Administrator.

YOUR CONTACT INFORMATION

Your Cellular Phone Number on the Date you Received a Text Message:										Current Phone Number, if Different:											
[Grid]										[Grid]											
Email Address																					
[Grid]																					

CLASS MEMBER VERIFICATION

By submitting this Claim Form, I declare under penalty of perjury that I am a member of the Class (defined as “(1) All persons within the United States (2) who enrolled in the Rack Room Reward Program or the Off Broadway Reward Program at the point-of-sale (3) by giving their cellular telephone number verbally to the cashier, and (4) who received a Rack Room Rewards Program or Off Broadway Rewards Program text message (5) from April 2, 2014 through the date of certification.”). I further declare under penalty of perjury that I am the current subscriber of the cellular phone number indicated above as receiving text messages, and that the information provided herein is true and correct. **I declare under penalty of perjury that the foregoing is true and correct.**

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____



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