

***Sleater v. Benton County***  
**Class Action Settlement Claim Form**

Please  
Print \_\_\_\_\_  
First Name Middle Name Last Name

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE OF SIGNATURE

NOTIFY THE CLAIMS ADMINISTRATOR IF YOUR CONTACT INFORMATION CHANGES

**RETURN THIS FORM TO THE CLAIMS ADMINISTRATOR BY EMAIL TO  
BENTONCOUNTYSETTLEMENT@CPTGROUP.COM**

**OR BY U.S. MAIL TO**

***SLEATER, ET AL. V. BENTON COUNTY***

**C/O CPT GROUP, INC.**

**50 CORPORATE PARK**

**IRVINE, CA 92606**

**THE CLAIM FORM MUST BE EMAILED OR POSTMARKED ON OR BEFORE APRIL 24, 2023.**