

Name of claimant(s): \_\_\_\_\_  
Last First Middle Social Security No.

Subject property address: \_\_\_\_\_  
Street City State Zip

Mailing address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_  
Day Evening Fax

Name of owner(s)/association (if different): \_\_\_\_\_  
Name Address Phone

Type of property:  single family residence  apartment complex  apartment unit  
 condominium unit  condominium complex  other (specify): \_\_\_\_\_  
Number of units: \_\_\_\_\_ Month/year of construction: \_\_\_\_\_

Your interest in the property:  current owner  current tenant  other (specify): \_\_\_\_\_  
(mark all that apply)  former owner  former tenant

*Current owner(s) must attach a copy of the current tax statement and insurance policy. Former owner(s) must attach a copy of the tax statement and/or insurance policy valid at the time of repair. Apartment tenant(s)/condominium owner(s) must have the form signed by the apartment owner(s)/association representative(s) along with the ownership provisions listed above.*

Developer of your residence (if known): \_\_\_\_\_  
Name Address Phone

General contractor of your residence (if known): \_\_\_\_\_  
Name Address Phone

Plumber of your residence (if known): \_\_\_\_\_  
Name Address Phone

Have you identified any leaks in any Polaris ABS pipe manufactured between 1984 and 1990 in the subject property? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, for each Polaris leak, provide the information requested on the reverse side.

Describe any prior inspections of the ABS pipe in your residence (include the name, address, and telephone number of the inspector, the date, the circumstances, and the inspector's conclusions, recommendations, and report, if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously submitted a claim to the Fund Administrator regarding any brand of ABS pipe? If so, attach copies of all such claims.

Have you filed a lawsuit regarding any brand of ABS pipe in your residence? If so, attach a copy of the Complaint and describe the status of the lawsuit: \_\_\_\_\_

*Note: You are not entitled to recover under the terms of the Polaris settlement if your claim regarding the Polaris ABS pipe for which a claim is made hereunder was previously settled, adjudicated, or dismissed with prejudice by you or your predecessor. The Polaris Settlement Fund will not make duplicative payments.*

**CERTIFICATION**

To the best of my knowledge, the leaks in the Polaris pipe described in this form were not caused by anything other than the normal use of ABS pipe, and were not caused by an act of nature or casualty (e.g., abuse, earthquake, subsidence, fire, flood, hurricane, tornado, explosion).

I understand that, if I submit or cause to be submitted a false claim, I will waive any and all rights I have under the Polaris class action settlement (including but not limited to the right to receive money), and I will be required to reimburse the Polaris Settlement Fund for any and all money paid from the Polaris Settlement Fund in connection with the false claim.

I certify under penalty of perjury under the laws of the State of California and the United States of America that the information on the front and back this form (and in any attached documents) is true to the best of my knowledge.

\_\_\_\_\_  
Signature of Claimant(s) Print Name(s) City/State Date

\_\_\_\_\_  
Signature of Owner(s)/Association Representative (if different)

Return this completed Claim Form and the required attachments to: Claims Administrator, ABS Pipe Cases II, P.O. Box 4068, Portland, OR 97208-4058  
*In the case of repairs in excess of \$1,000 made after August 24, 1998, please call the Administrator at 1-888-644-7473 before submitting this claim to find out whether you need to mail in the replaced pipe.*

**Polaris Leak No. 1**

Brand of leaking ABS pipe: \_\_\_\_\_ Diameter of leaking pipe: \_\_\_\_\_ Color of printing on leaking pipe: \_\_\_\_\_

All codes or printing on leaking pipe: \_\_\_\_\_

General description of leaking pipe, including location of leaking pipe: \_\_\_\_\_

Approximate month and year when the leaking pipe was installed (if known): \_\_\_\_\_

Detailed description of the nature and location of any property damages claimed to be caused by the leaking pipe: \_\_\_\_\_

Total amount paid to repair the leaking pipe and any property damage claimed to be caused by the leaking pipe: \$ \_\_\_\_\_

If you have already paid for the repair of the leaking pipe, and you are seeking reimbursement, you must attach: (1) the repair invoice(s) showing the name, regular hourly rate, and time spent of each person who performed any work and the out of pocket cost of the materials actually used to repair the leaking pipe and any property damage claimed to be caused by such leaking pipe; and (2) proof of payment of the foregoing invoice (e.g., canceled check); and (3) copies of the building, plumbing, or other permits signed by the Building Department, if any, showing final completion of the work. **Note: If you have any questions about how to respond to this portion of the claim form, you may contact Settlement Class Counsel, David M. Birka-White, Law Offices of David M. Birka-White, 3240 Stone Valley Road West, Alamo, California 94507; or at 1-925-838-2090 or 1-925-362-9999.**

If available, attach photograph(s) showing the brand name on the leaking pipe (required for repairs made after August 24, 1998).  
If available, attach photograph(s) showing any property damages claimed to be caused by the leaking pipe (required for repairs made after August 24, 1998).

**Polaris Leak No. 2 (if applicable)**

Brand of leaking ABS pipe: \_\_\_\_\_ Diameter of leaking pipe: \_\_\_\_\_ Color of printing on leaking pipe: \_\_\_\_\_

All codes or printing on leaking pipe: \_\_\_\_\_

General description of leaking pipe, including location of leaking pipe: \_\_\_\_\_

Approximate month and year when the leaking pipe was installed (if known): \_\_\_\_\_

Detailed description of the nature and location of any property damages claimed to be caused by the leaking pipe: \_\_\_\_\_

Total amount paid to repair the leaking pipe and any property damage claimed to be caused by the leaking pipe: \$ \_\_\_\_\_

If you have already paid for the repair of the leaking pipe, and you are seeking reimbursement, you must attach: (1) the repair invoice(s) showing the name, regular hourly rate, and time spent of each person who performed any work and the out of pocket cost of the materials actually used to repair the leaking pipe and any property damage claimed to be caused by such leaking pipe; and (2) proof of payment of the foregoing invoice (e.g., canceled check); and (3) copies of the building, plumbing, or other permits signed by the Building Department, if any showing final completion of the work. **Note: If you have any questions about how to respond to this portion of the claim form, you may contact Settlement Class Counsel, David M. Birka-White, Law Offices of David M. Birka-White, 3240 Stone Valley Road West, Alamo, California 94507; or at 1-925-838-2090 or 1-925-362-9999.**

If available, attach photograph(s) showing the brand name on the leaking pipe (required for repairs made after August 24, 1998).  
If available, attach photograph(s) showing any property damages claimed to be caused by the leaking pipe (required for repairs made after August 24, 1998).

**Polaris Leak No. 3 (if applicable)**

Brand of leaking ABS pipe: \_\_\_\_\_ Diameter of leaking pipe: \_\_\_\_\_ Color of printing on leaking pipe: \_\_\_\_\_

All codes or printing on leaking pipe: \_\_\_\_\_

General description of leaking pipe, including location of leaking pipe: \_\_\_\_\_

Approximate month and year when the leaking pipe was installed (if known): \_\_\_\_\_

Detailed description of the nature and location of any property damages claimed to be caused by the leaking pipe: \_\_\_\_\_

Total amount paid to repair the leaking pipe and any property damage claimed to be caused by the leaking pipe: \$ \_\_\_\_\_

If you have already paid for the repair of the leaking pipe, and you are seeking reimbursement, you must attach: (1) the repair invoice(s) showing the name, regular hourly rate, and time spent of each person who performed any work and the out of pocket cost of the materials actually used to repair the leaking pipe and any property damage claimed to be caused by such leaking pipe; and (2) proof of payment of the foregoing invoice (e.g., canceled check); and (3) copies of the building, plumbing, or other permits signed by the Building Department, if any showing final completion of the work. **Note: If you have any questions about how to respond to this portion of the claim form, you may contact Settlement Class Counsel, David M. Birka-White, Law Offices of David M. Birka-White, 3240 Stone Valley Road West, Alamo, California 94507; or at 1-925-838-2090 or 1-925-362-9999.**

If available, attach photograph(s) showing the brand name on the leaking pipe (required for repairs made after August 24, 1998).  
If available, attach photograph(s) showing any property damages claimed to be caused by the leaking pipe (required for repairs made after August 24, 1998).

*For additional leaks, please attach separate pieces of paper with the requested information regarding each additional leak.*