

AMT CLASS ACTION

CLAIM FORM

Personal Information			
First Name		Last Name	
Current Address			
Street Address		City/Town	
Province	Email	Postal Code	Telephone number
Address in January and or February 2009 <input type="checkbox"/> Same as Current			
Street Address		City/Town	
Province		Postal Code	Telephone number
Commuter Train Details			
Were you an AMT commuter train user in January and February of 2009 <input type="checkbox"/> Yes <input type="checkbox"/> No			
What line were you using?			
Were you a monthly pass holder? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, which type of pass were you using?			
Were you a user, between Monday and Friday:			
- Between 6 a.m. and 9 a.m.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
- Between 4 p.m. and 7 p.m.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
From what station were you normally embarking?			
What station were you normally disembarking?			
Supporting Documentation			
Please supply a copy of a current and valid piece of identification that clearly shows your name, address and postal code. This identification must be submitted with your claim form.			
Affirmation			
I declare or affirm, under penalty of perjury, that the information in this claim form is true and correct to the best of my knowledge. I understand that the decision of the Claims Administrator is final and binding. I understand that my claim form may be subject to audit, verification, and Court review.			
Signature		Date	
		mm/dd/yyyy	
Claim Forms must be electronically submitted no later than March 20, 2015 or postmarked no later than March 20, 2015.			
Questions? Visit www.crawford.amtclaim.ca or call, toll-free, 1-877-739-8942.			

By email: info@crawford.reclamationamt.ca or n.painchaud@sfpavocats.ca

By post: Crawford Class Action Service - AMT claim - 133 Weber Street North, Suite 3-505 - Waterloo, ON N2J 3G9