

Class action suit concerning the noise emanating from the MUHC (Glen Campus)

**CLAIM FORM**

To return no later than **June 7<sup>th</sup> 2017**

**1. Instructions**

- If you wish to make a claim in the class action concerning the noise emanating from the McGill University Health Centre (Glen Campus) you must fill out this form.
- You may receive between \$57.00 and \$8.00 per month (for a maximum of 22 months) for each person on whose behalf you are making the claim (including children), depending on where you live.
- Section 2 of the present form will allow you to determine if you are eligible to file a claim.
- You may fill out one form for all persons who resided with you during the period for which you are making a claim.
- If you wish to make a claim for a deceased person or an incapable person, you must fill out the form and provide a proof of death, as well as documentation confirming your authority to claim on the person's behalf.
  - If you have questions about your claim, please consult the website <http://www.sfpavocats.ca/en/class-actions/environmental-law/neighbours-of-the-glen-campus-excessive-noise-emanating-from--the-muhc-ventilation-system.html> or send an e-mail to [info@sfpavocats.ca](mailto:info@sfpavocats.ca) or call at **514-937-2881 ext. 246**.

**2. Eligibility criteria**

You may file a claim if you resided at one or more of the following addresses between September 1<sup>st</sup>, 2014 and June 30<sup>th</sup>, 2016 AND that you have not excluded yourself from the class:

- Even number street addresses, from 4848 Sainte-Catherine Street West to 4872 Sainte-Catherine Street West, from 76 York Street to 10 York Street, from 212 Prince-Albert Street to 260 Prince-Albert Street, and from 2000 Claremont Street to 2118 Claremont Street;
- Street addresses from 4821A Sainte-Catherine Street West to 4842 Sainte-Catherine Street West, from 96 Somerville Street to 106 Somerville Street and 205 Victoria Street;
- Street addresses of South, South-West and West side of residential apartments of Manoir Maisonneuve located at 4999 Sainte-Catherine Street West; or
- Odd number street addresses, from 51 York Street to 1 York Street, from 4951 De Maisonneuve Boul. to 5167 De Maisonneuve Boul., from 315 Claremont Street to 377 Claremont Street;

**3. Personal information**

Please provide us with the following information that will allow us to communicate with you and to send you the amount to which you are entitled.

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Surname*

\_\_\_\_\_  
*Street Number, Street Name, Apartment Number*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*Province*

\_\_\_\_\_  
*Postal code*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*E-mail address*

\_\_\_\_\_  
*Date of birth (YYYY/MM/DD)*

#### 4. Residence and period of residency

If you resided at more than one address among those listed in Section 2 sometime from September 1<sup>st</sup>, 2014 to June 30<sup>th</sup>, 2016, please fill out Section 4 for each street address.

I hereby declare that I have resided at the following address:

\_\_\_\_\_

*Street Number, Street Name, Apartment Number*

**DURING** the following months (*please check each applicable box*) :

<input type="checkbox"/>										
September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	July 2015
<input type="checkbox"/>										
August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016

#### 5. Other person(s) having resided at this address during applicable period

Please indicate the number of months of residency for each person.

A cheque will be made out to the name of each person and send to the address mentioned in Section 3.

I hereby declare that the following person(s) resided with me at the address mentioned in Section 4 during this period and that I am authorized to make a claim on their behalf: (please add another page if there is not sufficient space)

1.	_____	_____	
	<i>Name</i>	<i>Surname</i>	
	_____	_____	_____
	<i>Relationship</i> <i>(child, partner, other)</i>	<i>Date of birth (YYYY/MM/DD)</i>	<i>Number of months of residency</i> <i>during applicable period</i>
2.	_____	_____	
	<i>Name</i>	<i>Surname</i>	
	_____	_____	_____
	<i>Relationship</i> <i>(child, partner, other)</i>	<i>Date of birth (YYYY/MM/DD)</i>	<i>Number of months of residency</i> <i>during applicable period</i>
3.	_____	_____	
	<i>Name</i>	<i>Surname</i>	
	_____	_____	_____
	<i>Relationship</i> <i>(child, partner, other)</i>	<i>Date of birth (YYYY/MM/DD)</i>	<i>Number of months of residency</i> <i>during applicable period</i>

## 6. Signature

The form shall only be valid if it is signed and dated.

By signing the present form, you are declaring that the information contained herein is true and accurate, to the best of your knowledge.

Signed in \_\_\_\_\_, on \_\_\_\_\_.  
*City Date*

\_\_\_\_\_  
*Signature*

## 7. Transmission of the claim

Please return your claim dully filled out no later than **JUNE 7<sup>th</sup> 2017**, by mail or e-mail at:

Claims handler  
740, Atwater, Montréal, Québec, H4C 2G9  
[info@sfpavocats.ca](mailto:info@sfpavocats.ca)  
<http://www.sfpavocats.ca/en/class-actions/environmental-law/neighbours-of-the-glen-campus-excessive-noise-emanating-from--the-muhc-ventilation-system.html>

If you need additional information regarding the claim process, please contact us by phone at (514) 937-2881 ext. 246, by e-mail or visit our website.

If you send your form by mail, the postmark will constitute proof of the mailing date.

If the claim handler grants your claim, your monetary compensation will be sent to you by cheque at the address that you have indicated in Section 3 of the form.

If your form is incomplete, the claim handler will send you a detailed notice to this effect. You will then have (30) days to complete the form and return it. Otherwise, your claim will be rejected.

If the claim handler does not grant the entirety of your claim, you will receive a notice to this effect. You will then have (30) days to ask for a revision of the claim handler's decision. The revised decision shall be final.

For each claim filed, a \$40.00 amount from the total settlement amount of \$360 000 will be retained by the claim handler for administration fees.

In the event of a lack of funds, the claims shall be paid on a pro rata basis.

To his discretion, the claim handler may verify the information contained herein and communicate with you in order to request proof of residence for each person who filed a claim or on whose behalf a claim was filed.