# Doire, et al. v Synagro Woonsocket, LLC, et al.
# Settlement Claim Form
## GENERAL INSTRUCTIONS

1. **THIS CLAIM FORM MUST BE POSTMARKED BY JANUARY 11, 2027, AND MUST BE FULLY COMPLETED, BE SIGNED UNDER OATH AND MEET ALL REQUIREMENTS OF THE SETTLEMENT AND RELEASE AGREEMENT (THE "AGREEMENT").**

2. You must complete and return this Claim Form, along with the requested documentation, to: Attn: Synagro Woonsocket Facility Claims, Liddle Sheets P.C., 975 E. Jefferson Ave., Detroit, MI 48207.

3. It is important that you completely read the Notice of Proposed Class Action Settlement (the "Class Notice") that accompanies this Claim Form. The Class Notice contains the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form. By signing and submitting this Claim Form, you will be certifying that you have read the Class Notice, including the terms of the releases described therein and provided for herein.

4. This Claim Form is directed to all persons who have owned, rented or leased any residential property located in whole or in part within the defined class area (as shown on Exhibit D to the Settlement Agreement) near the Woonsocket wastewater treatment and sewage waste incinerator Facility located at 11 and 15 Cumberland Hill Rd, Woonsocket, Rhode Island (the "Facility"), at any time since July 26, 2013, and any persons residing outside of that area who submitted a Plaintiff Data Sheet to Class Counsel or Hamel Waxler Allen Collins on or before July 30, 2026, and who do not affirmatively Opt-Out of this Settlement (the "Class").

5. In order to claim compensation from the Settlement, a Class Member must submit a Claim Form to Class Counsel.

6. Only one property can be claimed per Claim Form. If you owned and/or rented multiple properties within the class area, you must complete a separate Claim Form for each property.

7. IF YOU ARE NOT A CLASS MEMBER, OR IF YOU OR SOMEONE ACTING ON YOUR BEHALF FILED A REQUEST FOR EXCLUSION FROM THE CLASS, DO NOT SUBMIT A CLAIM FORM. YOU MAY NOT, DIRECTLY, OR INDIRECTLY, PARTICIPATE IN THE SETTLEMENT IF YOU ARE NOT A CLASS MEMBER. IF YOU FILE A VALID REQUEST FOR EXCLUSION IN A TIMELY MANNER, ANY CLAIM FORM THAT YOU SUBMIT, OR THAT MAY BE SUBMITTED ON YOUR BEHALF, WILL NOT BE ACCEPTED.

8. You may only participate in the distribution of the Settlement Fund if you are a member of the Class and if you complete and return this form as specified below. If you fail to file a timely, properly addressed, and completed Claim Form, your claim may be rejected, and you may be precluded from receiving any distribution from the Settlement Fund.

9. Submission of this Claim Form does not guarantee that you will share in the Settlement Fund. The distribution of the Settlement Fund is governed by the procedures set forth in the Agreement, if approved by the Court, or such other plan of allocation as the Court approves.

10. You are required to submit genuine and sufficient documentation in response to the requests contained in this Claim Form. IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT DOCUMENTS TO SUPPLY TO THIS REQUEST. THE LACK OF DOCUMENTATION MAY RESULT IN REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS. Please keep a copy of all documents that you send to Class Counsel. Any documents you submit with your Claim Form cannot be returned.

11. Type or print legibly in black or blue ink.

# PART I: PERSONAL FACTS AND QUESTIONNAIRE

### Claimant's Identity

| | |
|---|---|
| Your Full Name (please print) | Your Spouse's Full Name, if applicable (please print) |
| Mailing address | Email Address |
| City, State Zip | (  ) Daytime telephone number |

### Claimed Address

1. Please provide the address of the property that you owned or rented, which is located within the defined class area near the Woonsocket wastewater treatment and sewage waste incinerator Facility:

Claimed address

City, State Zip

2. Please provide the dates that you owned or rented the Claimed Address:

3. Did you submit a Plaintiff Data Sheet to Class Counsel or the law firm Hamel Waxler Allen Collins on or before July 30, 2026?

□ Yes

□ No

### Proof of Identification

For each person making a claim, you must attach to your Claim Form a copy of a government-issued photo identification to establish your identity and current address. Please mark the box that identifies the requested enclosed item:

□ State issued driver's license

□ State issued identity card

□ Other identification sufficient to prove your identity

**Claimed Address Ownership and/or Occupancy Status**

Mark the box that describes your interest in Claimed Address and attach the requested documents to your Claim Form.

□ Owner - If marked, you *must* attach a copy of the deed or other documentation of ownership (such as a utility bill for the property in your name).

□ Tenant - If marked, you *must* attach a copy of either a valid lease or rental agreement or other proof of occupancy (such as a utility bill for the property in your name).

## PART II: REPRESENTATIONS AND WARRANTIES

By submitting this Claim Form and checking the boxes below, I declare under penalty of perjury that I am a member of the Class and that the following statements are true:

1) I have completely read the Notice of Proposed Class Action Settlement that accompanied this Claim Form.
2) All information provided in this Claim Form and its attachments is true and correct.

_____ _____

Your signature Date

_____ _____

Your Spouse's signature (if applicable) Date

Your fully completed Claim Form must be postmarked no later than **January 11, 2027** to Class Counsel at the following address:

**Liddle Sheets P.C.**
**Attn: Synagro Woonsocket Facility Settlement**
**975 E. Jefferson Ave.**
**Detroit MI 48207-3101**