

Opt Out Request
(Request for exclusion from the Settlement Class)

Please return this form no later than January 29, 2013 to:

Zurn Pex Claims Administrator
PO Box 3266
Portland, OR 97208-3266

Re: Zurn Pex Plumbing Products Liability Litigation, Case No. 08-MDL-1958 ADM/AJB

To Whom It May Concern:

I would like to be excluded as a class member from the above-referenced class action. **I understand this means I will never receive any benefits from the settlement, but I will be able to pursue claims independently of the settlement if I so choose.**

1. Full name, current address and telephone number;

Full Name

Address

City/State/Zip

Current Phone Number

2. Address of the property(ies) that contain or have contained the F1807 Fittings;

A) _____

Address

City/State/Zip

B) _____

Address

City/State/Zip

C) _____

Address

City/State/Zip

3. Statement or good faith estimate of the property(ies)' square footage of floor space;

A) _____

B) _____

C) _____

4. General description of the type of property(ies), e.g., “single family residence,” “high rise hotel,” etc.;

- A) _____
- B) _____
- C) _____

5.

	Date the building containing F1807 Fittings was constructed	Date F1807 Fittings were installed	Whether the F1807 Fittings have already leaked	Date the F1807 Fittings leaked
A)				
B)				
C)				

6. Good faith estimate of the amount of damages;

- A) _____
- B) _____
- C) _____

Sincerely,

Signature (even if represented by an attorney)

Date

Attorney Signature (if applicable)

Date