Exxon Dealer Class Action
c/o The Garden City Group, Inc., Claims Administrator
P.O. Box 9000 #6065
Merrick, NY 11566-9000

Re: Claim Number: _____
Station Number _____
Dealer Name: _____

To the Exxon Claims Administrator:

Please amend my claim as follows:

☐ Change my claimant mailing address, telephone number(s), or e-mail as follows:

_____
_____
_____

☐ Add the following representative to my claim; OR

☐ Replace my current representative with this representative:

_____
_____
_____
_____

☐ Delete the representative currently listed on my claim.

Claimant Signature: _____
Print Claimant Name Here: _____
Claimant Address: _____
_____
Claimant Phone #: _____
Date: _____

STATE OF _____)
) ss:
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ___ day of _____, 2008 by _____, who is personally known to me/produced identification.

_____
Print or stamp name:
Notary Public, State of _____
Commission No.:
My commission expires: