

EXCLUSION (OPT-OUT) FORM

Sourovelis v. City of Philadelphia, et al.

Civil Action No. 2:14-cv-04687-ER

United States District Court for the Eastern District of Pennsylvania

If you wish to opt out of this Class Action, please check the box below, **provide today's date, and sign.**

| | | |
|-----------------|--------------|---------------|
| Print Name | Phone Number | Email Address |
| Mailing Address | | |

I understand that by opting out of this Class Action, I will NOT be eligible to receive any money from the fund created under the Settlement in this lawsuit. I do not wish to receive any compensation under the terms of this proposed consent decree or otherwise participate in this Class Action. I further understand that if I opt out, all personal representatives, spouses, and relatives who, on account of a personal relationship to me, might assert a derivative claim for money will be deemed to have opted out as well.

If you wish to opt out of this Class Action, please check the box below.

By checking this box **and signing below**, I affirm that I wish to be excluded from this Class Action lawsuit.

| | |
|------|-----------|
| Date | Sign Name |
|------|-----------|

This form must be postmarked to the Claims Administrator by August 26, 2019, at the address below, or else you will lose your right to opt out. Please save a copy of the completed form for your records.

**Philadelphia Forfeiture Settlement
Claims Administrator
P.O. Box 1367
Blue Bell, PA 19422
1-888-730-9958**

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