

Meeks v. The Sherwin-Williams Company
Settlement Administrator
P.O. Box 301132
Los Angeles, CA 90030-1132



SWE

Meeks v. The Sherwin-Williams Company
SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY MERCED

Case No. 23CV-02082

**Must Be Postmarked
No Later Than
October 24, 2023**

Claim Form

Questions about completing the Claim Form? Contact info@CaliforniaSupplychainSurchargeSettlement.com or call 866-725-0990.

This Claim Form is for non-commercial purchasers of products from a California Sherwin-Williams store, or who purchased products online while in California, between September 20, 2021 and January 31, 2022 and were charged a 4% supply-chain surcharge. Persons purchasing on a commercial account are not included in the Settlement Class.

IF YOU ARE A SETTLEMENT CLASS MEMBER, YOU MAY BE ENTITLED TO A PAYMENT UNDER THE SETTLEMENT. YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A PAYMENT. FAILURE TO FILL OUT THIS CLAIM FORM COMPLETELY AND SUBMIT IT TO THE SETTLEMENT ADMINISTRATOR ON OR BEFORE OCTOBER 24, 2023 SHALL RESULT IN THE REJECTION OF YOUR CLAIM.

CONTACT INFORMATION.

| | | | | | | |
|---------------------------|-------------------------|---------------------|-----------|-----------------------------------|--|--|
| First Name | | | M.I. | Last Name | | |
| Primary Address | | | | | | |
| Primary Address Continued | | | | | | |
| City | | | State | ZIP Code | | |
| Foreign Province | | Foreign Postal Code | | Foreign Country Name/Abbreviation | | |
| Email Address (optional) | | | | | | |
| Area Code | Telephone Number (home) | | Area Code | Telephone Number (work) | | |

YOUR PERSONAL INFORMATION WILL BE USED ONLY IN CONNECTION WITH THIS SETTLEMENT TO PROCESS YOUR CLAIM FORM. YOUR INFORMATION WILL NOT BE USED FOR ANY OTHER PURPOSE.



| | | | | |
|----------------------------------|-----------------------------|-----------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| FOR CLAIMS PROCESSING ONLY | OB <input type="checkbox"/> | CB <input type="checkbox"/> | <input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV | <input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B |
|----------------------------------|-----------------------------|-----------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

