

Baker v. Saint-Gobain Performance Plastics Corporation
Settlement Administrator
P.O. Box 43502
Providence, RI 02940-3502

SIK

«Barcode»

Postal Service: Please do not mark barcode

SIK-«Claim8»-«CkDig»

«FirstNAME» «LastNAME»

«Addr1» «Addr2»

«City», «State» «FProv» «Zip» «FZip»

«FCountry»

*Baker v. Saint-Gobain Performance
Plastics Corp., et al.,*

UNITED STATES DISTRICT COURT FOR
THE NORTHERN DISTRICT OF NEW YORK

Case No. 1:16-cv-917 (LEK/DJS)

**Must Be Postmarked
No Later Than
January 24, 2022**

Claim ID: <<Claim8>>

PIN Code: <<PIN>>

SETTLEMENT CLAIM FORM AND RELEASE

CHANGE OF ADDRESS (ONLY IF DIFFERENT FROM ABOVE)

Primary Address

Primary Address Continued

City

State

ZIP Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

INSTRUCTIONS FOR SUBMITTING A SETTLEMENT CLAIM FORM

There has been a Settlement of the above-referenced Action between and among Plaintiffs and the Settling Defendants (Saint-Gobain Performance Plastics Corporation, Honeywell International Inc., and the 3M Company). If you are a member (or representative) of one or more of the Settlement Classes (defined below), you may be eligible for a payment from the Net Settlement Fund and/or to participate in the Medical Monitoring Program if you comply with the instructions in this Settlement Claim Form and Release ("Claim Form") and submit it in a timely manner. Details regarding the Medical Monitoring Program, including the services offered as part of the program, can be found in Appendix A to the Class Settlement Agreement, a copy of which is available at www.hoosickfallspfoasettlement.com, or upon request to the Settlement Administrator at the contact information below. Payments from the Net Settlement Fund will be made only to eligible Claimants and in accordance with and pursuant to a plan of distribution approved by the Court.

Your participation in this Settlement may offer the best, and possibly only, chance for you to receive a monetary recovery and/or medical monitoring as against the Settling Defendants in this Action. Submission of this Claim Form, however, does not assure that you will share in the Net Settlement Fund and/or be deemed eligible to participate in the Medical Monitoring Program.

Please review the following instructions before proceeding:

YOUR COMPLETED SETTLEMENT CLAIM FORM AND SUPPORTING DOCUMENTATION MUST BE SUBMITTED ELECTRONICALLY AND/OR POSTMARKED BEFORE JANUARY 24, 2022.



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
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ELIGIBILITY:

You are a Settlement Class Member (or you are a parent or legal guardian of a minor less than 18 years of age who is a Class Member, or you are the legal representative appointed to represent (i) the Estate of a deceased Class Member, or (ii) an incompetent Class Member) in one or more Settlement Classes and you are eligible to submit this Settlement Claim Form **only if** you (or the minor, deceased or incompetent person you represent) fall within one or more of the following three groups:

PROPERTY SETTLEMENT CLASS:

- 1) Municipal Water Property Settlement Class: You owned a property used for residential purposes in the Village of Hoosick Falls that obtained its drinking water from the Village Municipal Water System, and purchased that property on or before December 16, 2015 and owned that property on December 16, 2015; **OR**
- 2) Private Well Water Property Settlement Class: You owned a property used for residential purposes in the Village of Hoosick Falls or Town of Hoosick that obtained its drinking water from a privately-owned well in which PFOA was detected, and you owned that property at the time PFOA in the property's well was discovered through a water test on or after December 16, 2015.

NUISANCE SETTLEMENT CLASS:

- 3) You owned a property used for residential purposes in the Village of Hoosick Falls or the Town of Hoosick that obtained its drinking water from a privately-owned well in which PFOA was detected, and you **owned and resided in** that residence at the time PFOA in the property's well was discovered through a water test on or after December 16, 2015, and a point-of-entry treatment (POET) system was installed to filter water from the well; **OR**
- 4) You rented a property used for residential purposes in the Village of Hoosick Falls or the Town of Hoosick that obtained its drinking water from a privately-owned well in which PFOA was detected, and you **rented and resided in** that residence at the time PFOA in the property's well was discovered through a water test on or after December 16, 2015, and a point-of-entry treatment (POET) system was installed to filter water from the well.

MEDICAL MONITORING SETTLEMENT CLASS:

- 5) For at least six months between 1996 and 2016, you lived at a residence(s) in the Village of Hoosick Falls or the Town of Hoosick, where you ingested water that was supplied by either the Village Municipal Water System or from a privately-owned well in which PFOA has been detected, and your blood serum was tested, which showed PFOA in your blood above 1.86 µg/L (parts per billion); **OR**
- 6) You are the parent or guardian of a child born to a female who meets the criteria in (5) and the child's blood serum was tested after birth, which showed PFOA in the child's blood above 1.86 µg/L (parts per billion).

If you are eligible to do so, you may submit a claim to receive benefits as a member of more than one Settlement Class. Each Settlement Class Member must submit this Claim Form. You can submit Claim Forms only for yourself **and** another person if you are a parent or legal guardian of a minor or legal representative of a deceased or incompetent person who is also a Settlement Class Member. In such case, you **must** submit a Claim Form for yourself and a **separate** Claim Form for the minor, deceased person, or incompetent person. If you owned more than one property that would qualify you for the Property Settlement Class, you **must** submit a **separate** Claim Form for each property.

Capitalized terms not defined in this Claim Form have the same meaning as set forth in the Class Settlement Agreement, a copy of which is available at www.hoosickfallspfoasettlement.com.

ADDITIONAL INFORMATION:

- 1) You may obtain additional information about your submission of a claim or about this Settlement at www.hoosickfallspfoasettlement.com or by calling 1-855-786-0992.
- 2) You must review, sign and date Section V below.
- 3) Your completed Settlement Claim Form and supporting documentation must be submitted electronically and/or postmarked before **January 24, 2022**. You may submit your Settlement Claim Form and supporting documentation, as indicated below:



- a. Electronically at: www.hoosickfallspfoasettlement.com. You are encouraged to submit your claim online for easy verification and processing.
- b. By mail to:
Baker v. Saint-Gobain Performance Plastics Corporation
Settlement Administrator
P.O. Box 43502
Providence, RI 02940-3502
- c. By email to: info@hoosickfallspfoasettlement.com

SECTION I: Claimant's Information

First Name										Last Name									
Primary Address																			
Primary Address Continued																			
City										State					ZIP Code				
Email Address																			
Area Code					Telephone Number														
Are you filing this claim on your own behalf? <input type="radio"/> Yes <input type="radio"/> No																			
If No, provide the following information about the person on whose behalf you are completing this Form:																			
First Name										Last Name									
Address (if person is living)																			
Primary Address Continued																			
City										State					ZIP Code				
Email Address																			
Area Code					Telephone Number														



Is this person: A Minor / Deceased / Incompetent? ☐ Yes ☐ No

Are you the parent or legal guardian of this person? ☐ Yes ☐ No

If you are a legally-appointed representative of this person, provide the following information:

Nature of Legal Representation (Estate Representative/Guardian/Conservator):

Court that appointed you legal representative and date of appointment:

/
Month Year

Submit with this Claim Form a copy of documentation from the Court reflecting your appointment.

If you are filing this claim on behalf of yourself, or as a legal representative of a minor, deceased person, or incompetent person who is/was a Settlement Class Member in the Property Settlement Class, Nuisance Settlement Class, or Medical Monitoring Settlement Class, please complete **Section II**.

SECTION II: Information on Class Member and Claims

To the best of your knowledge and belief, to which of the following Settlement Classes do you or the person you are representing belong? (Please refer to the Instructions on pages 1-3 of this Claim Form for a description of the Settlement Classes.)

Fill in any that apply:

1. ☐ Property Settlement Class (if selecting this Class, also fill in (a) or (b) below)
 - a. ☐ Municipal Water Property Settlement Class
 - b. ☐ Private Well Water Property Settlement Class
2. ☐ Nuisance Settlement Class
3. ☐ Medical Monitoring Settlement Class

Based on what you indicated above, please complete the appropriate section(s) below:

PROPERTY SETTLEMENT CLASS

Address of the property for which you are seeking benefits as a member of the Municipal Water Property Settlement Class or the Private Well Water Property Settlement Class, as described on pages 1-2 of this Claim Form (Number/Street/City/ZIP Code):

Address

City

State

ZIP Code

As of December 16, 2015, did this property obtain drinking water from the Village Municipal Water System? ☐ Yes ☐ No

If the property obtained drinking water from the Village Municipal Water System as of December 16, 2015, **submit with this Claim Form (1) proof of your ownership of the property as of December 16, 2015 and (2) proof of its water source.** Proof of ownership can include a combination of the following: (a) a copy of the deed to the property; (b) a copy of a tax bill demonstrating ownership of the property as of December 16, 2015; and/or (c) any other form of proof deemed appropriate by the Settlement Administrator. Proof of water source can include a water bill. Identify below what, if anything, you are submitting as proof of ownership and proof of your water source. (Note: If you do not have a document showing your ownership and/or water source, the Settlement Administrator may still be able to verify your ownership and/or water source and/or may contact you for additional information.)



Proof of ownership and proof of your water source

Did this property obtain drinking water from a privately-owned well that was tested for PFOA on or after December 16, 2015?

☐ Yes ☐ No

If the property obtained drinking water from a privately-owned well, **submit with this Claim Form (1) proof of your ownership of the property as of the date that a water test detected PFOA in the property's private well on or after December 16, 2015, and (2) a copy of PFOA well testing results obtained on or after December 16, 2015.** Proof of ownership can include a combination of the following: (a) a copy of the deed to the property; (b) a copy of a tax bill demonstrating ownership of the property as of the date when PFOA was discovered in the private well through a water test; and/or (c) any other form of proof deemed appropriate by the Settlement Administrator. Identify below what, if anything, you are submitting as proof of ownership and proof of your well-testing results. (Note: If you do not have a document showing your ownership and/or well-testing results, the Settlement Administrator may still be able to verify your ownership and/or well-testing results and/or may contact you for additional information.)

Proof of ownership and proof of your well-testing results

If you co-owned this property with another individual, please state their name and relation to you or the person you represent:

First Name

M.I.

Last Name

Relation to you or the person you represent

NUISANCE SETTLEMENT CLASS

Address of the property for which you are seeking benefits as a member of the Nuisance Settlement Class, as described on page 2 of this Claim Form (Number/Street/City/ZIP Code):

Address

City

State

ZIP Code

Submit with this Claim Form (1) proof of ownership of or leasehold interest in the property as of the date of that detectable levels of PFOA were discovered through a water test on or after December 16, 2015 and (2) a copy of well-testing results if you have them. Proof of ownership or leasehold interest may include a combination of the following: (a) a copy of the deed to the property; (b) a copy of a tax bill demonstrating ownership at the time that detectable levels of PFOA were discovered through a water test on or after December 16, 2015; (c) a copy of the lease for such property; (d) a sworn declaration confirming a leasehold interest at the time that detectable levels of PFOA were discovered through a water test on or after December 16, 2015; and/or (e) any other form of proof deemed appropriate by the Settlement Administrator. (Note: If you do not have a document showing your ownership or leasehold interest and/or your well-testing results, the Settlement Administrator may still be able to verify your ownership or leasehold interest and/or well-testing results and/or may contact you for additional information.)

Submit with this Claim Form proof of the installment of a POET system on the property's private well (such as documentation from the State of New York showing installation or testing of such POET) if you have it.



You must also complete either a (i) Declaration of Residency for Nuisance Settlement Class Eligibility or (ii) Declaration of Residency for Nuisance Settlement Class Eligibility On Behalf Of Representative Of Estate Or Incompetent Person, stating that you or the person you represent resided at the property at the time when PFOA was detected in the property's private well. The Declarations of Residency for Nuisance Settlement Class Eligibility are attached to this Claim Form.

MEDICAL MONITORING SETTLEMENT CLASS

To qualify as a member of this Class, you must meet the criteria for the Medical Monitoring Settlement Class described on page 2 of this Claim Form.

Identify all residence(s) where you or the person you represent lived for at least six months (can be a combination of residences to reach six months cumulatively) between 1996 and 2016, the timeframe that you or the person you represent lived there (months and years), and the water source at that residence (municipal or private well). If the person you represent is a minor who was exposed to PFOA in utero, identify all residences where that minor's mother lived for at least six months between 1996 and 2016, the timeframe that she lived there (months and years), and the water source at that residence (municipal or private well).

NOT TO BE USED TO FILE CLAIM

Address																			
City										State					ZIP Code				
MM		/	YYYY				to	MM		/	YYYY				Water source: <input type="radio"/> Municipal <input type="radio"/> Well				
Month			Year					Month			Year								

Address																			
City										State					ZIP Code				
MM		/	YYYY				to	MM		/	YYYY				Water source: <input type="radio"/> Municipal <input type="radio"/> Well				
Month			Year					Month			Year								

Address																			
City										State					ZIP Code				
MM		/	YYYY				to	MM		/	YYYY				Water source: <input type="radio"/> Municipal <input type="radio"/> Well				
Month			Year					Month			Year								

Address																			
City										State					ZIP Code				
MM		/	YYYY				to	MM		/	YYYY				Water source: <input type="radio"/> Municipal <input type="radio"/> Well				
Month			Year					Month			Year								



Address

City

State

ZIP Code

MM / YYYY to MM / YYYY
Month Year Month Year

Water source: ☐ Municipal ☐ Well

Has your blood or the blood of the person you represent been tested for the presence of PFOA? ☐ Yes ☐ No

What was the PFOA blood serum level?

If you are representing a minor who was exposed to PFOA in utero, has the blood of that minor's mother been tested for the presence of PFOA? ☐ Yes ☐ No

What was the minor's mother's PFOA blood serum level?

You must submit a copy of your blood test or the blood test of the person you represent along with this Claim Form. If you do not submit a copy of your blood test, your claim will be deficient and you may not be eligible to participate in the Medical Monitoring Program. If you do not have a copy of a blood test, but your blood was tested by the NYS Department of Health (or another physician), please contact the Settlement Administrator at 1-855-786-0992 for information on how to obtain a copy of your blood test results.

If your residence(s) obtained drinking water from a privately-owned well, submit with this Claim Form a copy of PFOA well-testing results. (Note: If you do not have a document showing your well-testing results, the Settlement Administrator may still be able to verify your well-testing results and/or may contact you for additional information.)

If your residence(s) obtained drinking water from the Village Municipal Water System, submit with this Claim Form proof of its water source. Proof of water source can include a water bill. (Note: If you do not have a document showing your water source, the Settlement Administrator may still be able to verify your water source and/or may contact you for additional information.)

You must also complete one of the following stating that you or the person you represent ingested municipal or private well water at the residence(s) listed above for a period of at least six months between 1996 and 2016: (i) Declaration of Residency for Medical Monitoring Class Eligibility, (ii) Declaration of Residency for Medical Monitoring Class Eligibility On Behalf of Person Less than 18 Years of Age, or (iii) Declaration of Residency for Medical Monitoring Class Eligibility On Behalf of Legal Guardian Or Representative Of Person Less Than 18 Years Of Age Or Person Declared Incompetent. The Declarations of Residency for Medical Monitoring Class Eligibility are attached to this Claim Form.

SECTION III: Release and Warranties

The Claimant (or Claimant's Representative) hereby acknowledges that he, she or it has read and agrees to be bound by the terms of the Release (set forth below), the definition of Released Claims, the Exclusive Remedy, Covenant Not to Sue, Waiver of Statutory Rights, and all other provisions of the Settlement Agreement, including in Section 6 (Dismissal, Release of Claims, and Related Provisions).

The Claimant (or Claimant's Representative) hereby warrants and represents that he, she or it is, to the best of their belief, a Settlement Class Member (or a parent or legal guardian of a minor less than 18 years of age who is a Class Member, or the legal representative appointed to represent (i) the Estate of a deceased Class Member, or (ii) an incompetent Class Member) in one or more Settlement Classes as defined in the Settlement Agreement and Notice, and that the Claimant believes that he, she or it is eligible to receive a distribution from the Net Settlement Fund under the terms and conditions of the Settlement Agreement and/or to participate in the Medical Monitoring Program.

The Claimant (or Claimant's Representative) agrees to the release and covenant not to sue in conformity with the Settlement Agreement in order to, in an individual or representative capacity, receive the Claimant's share of the Net Settlement Fund and/or to participate in the Medical Monitoring Program.



The Claimant (or Claimant's Representative) agrees that the submission of this Claim Form constitutes a full release of and covenant not to sue on the Released Claims against the Released Parties as set forth in the Settlement Agreement (and below).

The release shall be of no force or effect unless and until the Court grants Final Approval of the Settlement and the Settlement becomes effective on the Effective Date.

The Claimant (or Claimant's Representative) hereby warrants and represents that he, she or it has not yet assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any right of action or claim released pursuant to this release or any other part or portion thereof.

Release. Upon the Effective Date, the Releasing Parties shall have expressly, intentionally, voluntarily, fully, finally, irrevocably, and forever released, relinquished, waived, compromised, settled, and discharged the Released Parties from each and every past, present, and future claim and cause of action, including without limitation causes of action and/or relief created or enacted in the future—whether known or unknown, whether direct or indirect, individual or class, in constitutional, federal, state, local, statutory, civil, or common law or in equity, or based on any other law, rule, regulation, ordinance, directive, contract, or the law of any foreign jurisdiction, whether fixed or contingent, known or unknown, liquidated or unliquidated, suspected or unsuspected, asserted or unasserted, matured or unmatured, or for compensatory damages, consequential damages, incidental damages, statutory damages, punitive, special, multiple, treble, or exemplary damages, nominal damages, disgorgement, restitution, indemnity, contribution, penalties, injunctive relief, declaratory relief, attorneys' fees, court costs, or expenses—that were or could have been asserted in the Action or any other forum, arising out of or related to, either directly or indirectly or in whole or in part: (i) the subject matter of any allegations contained in the Second Amended Complaint, any allegations otherwise asserted in the Action, or the subject matter of any discovery obtained in the Action; (ii) the alleged presence of PFAS (including PFOA) in drinking water or the environment (including but not limited to in air, groundwater, surface water, municipal water, private well water, or soil) within the Village of Hoosick Falls or the Town of Hoosick; (iii) the sale, purchase, use, handling, transportation, release, discharge, migration, emission, spillage, or disposal of PFAS (including PFOA) to, at, or from a Facility in or near the Village of Hoosick Falls or the Town of Hoosick, including any such PFAS (including PFOA) present as a result of disposal at or discharge to, directly or indirectly, any landfill, sewage system, water treatment facility, or any other location in and around the Village of Hoosick Falls or Town of Hoosick, and/or resulting in any alleged exposure of any Settlement Class Member to PFAS (including PFOA) through drinking water, inhalation, dermal contact, or otherwise; (iv) for any type of relief with respect to the acquisition, installation, maintenance, operation, or presence of, including the cost or purported inconvenience or loss of enjoyment of, property associated with whole-house filters, point-of-entry (POET) filters, point-of-use filters, municipal water, private well water, bottled water, alternative water supplies, or remediation; (v) for property damage or property-value diminution, including without limitation stigma, purportedly attributable to the alleged presence of PFAS (including PFOA) in the Village Municipal Water System or any private well, or in the air, groundwater, surface water, municipal water, private well water, or soil in or around the Village of Hoosick Falls or the Town of Hoosick; and/or (vi) based on PFAS (including PFOA) in the blood or tissue of any Settlement Class Member (the “**Released Claims**”); provided, however, that the “Released Claims” do not include any individual claims of the Releasing Parties (a) for any damages (including for screenings, tests, examinations, and/or diagnostic procedures) related to past, present, or future manifested bodily injuries that have resulted in a medically diagnosed condition, or (b) to enforce the terms of this Agreement or the Final Approval Order. For purposes of this Agreement, “manifested bodily injuries that have resulted in a medically diagnosed condition” do not include the detection or accumulation of PFAS (including PFOA) in blood or other bodily tissue.

Covenant Not To Sue: Each of the Releasing Parties shall forever refrain from instituting, maintaining, prosecuting, or continuing any suit, action, arbitration, or proceeding against any of the Released Parties with respect to the Released Claims.

SECTION IV: Claimant or Claimant's Representative Signature

I declare that the information provided in this Claim Form is true and accurate to the best of my knowledge. I understand that the Settlement Administrator may need to verify some of the information that I submitted.

Signature

Date (mm/dd/yyyy)

IF YOU ARE A MEMBER OF THE NUISANCE SETTLEMENT CLASS OR MEDICAL MONITORING SETTLEMENT CLASS, OR IF YOU ARE SUBMITTING THIS CLAIM ON BEHALF OF A MINOR OR INCOMPETENT PERSON, YOU MUST COMPLETE ONE OR MORE DECLARATIONS THAT FOLLOW.

*For additional information or assistance in completing this Claim Form,
please contact the Settlement Administrator at 1-855-786-0992.*



DECLARATION OF RESIDENCY FOR NUISANCE SETTLEMENT CLASS ELIGIBILITY

Pursuant to 28 U.S.C. § 1746, I, _____, declare as follows:

1. I am over eighteen years of age.
2. In late 2015 and/or 2016 I had an ☐ owned or ☐ rented [fill in which applies] property located at _____, in the Village of Hoosick Falls and/or Town of Hoosick, New York.
3. This property obtained drinking water from a private well that was found to contain PFOA.
4. I resided at this property at the time PFOA was discovered in the property's private well.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this: _____ day of _____, 2021.

[Sign]

[Print name]

DECLARATION OF RESIDENCY FOR NUISANCE SETTLEMENT CLASS ELIGIBILITY ON BEHALF OF REPRESENTATIVE OF ESTATE OR INCOMPETENT PERSON

Pursuant to 28 U.S.C. § 1746, I, _____, declare as follows:

[Name of person signing declaration]

1. I am over eighteen years of age.
2. I am the legally-appointed representative of _____, having been
[Name of person/decedent you represent]
appointed by the _____ Court in _____.
[Name of Court] [Date of appointment]
3. In late 2015 and/or 2016 _____
[name of person/decedent you represent]
☐ owned or ☐ rented [fill in which applies] property located at _____, in the Village of Hoosick Falls and/or Town of Hoosick, New York.
[Property address with PFOA-contaminated well]
4. This property obtained drinking water from a private well that was found to contain PFOA.
5. _____ resided at this property at the time PFOA
[Name of person/decedent you represent]
was discovered in the property's private well.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this: _____ day of _____, 2021.

[Sign]

[Print name]



DECLARATION OF RESIDENCY FOR MEDICAL MONITORING CLASS ELIGIBILITY

Pursuant to 28 U.S.C. § 1746, I, _____, declare as follows:

1. I am over eighteen years of age.
2. I resided and consumed municipal water or water from a private well in which PFOA was detected at the following residence(s) located in the Village of Hoosick Falls and/or the Town of Hoosick, New York on the date(s) listed below [dates on or after January 1, 1996 and before 2017]:

Address																							
City																State				ZIP Code			
M M		/		Y Y Y Y				to		M M		/		Y Y Y Y				Water source: <input type="radio"/> Municipal <input type="radio"/> Well					
Month				Year						Month				Year									

Address																							
City																State				ZIP Code			
M M		/		Y Y Y Y				to		M M		/		Y Y Y Y				Water source: <input type="radio"/> Municipal <input type="radio"/> Well					
Month				Year						Month				Year									

Address																							
City																State				ZIP Code			
M M		/		Y Y Y Y				to		M M		/		Y Y Y Y				Water source: <input type="radio"/> Municipal <input type="radio"/> Well					
Month				Year						Month				Year									

Address																							
City																State				ZIP Code			
M M		/		Y Y Y Y				to		M M		/		Y Y Y Y				Water source: <input type="radio"/> Municipal <input type="radio"/> Well					
Month				Year						Month				Year									

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this: _____ day of _____, 2021.

[Sign]

[Print name]



**DECLARATION OF RESIDENCY FOR MEDICAL MONITORING CLASS ELIGIBILITY
ON BEHALF OF PARENT OF PERSON LESS THAN 18 YEARS OF AGE**

Pursuant to 28 U.S.C. § 1746, I, _____, declare as follows:

1. I am over eighteen years of age.
2. I am the parent of _____, who is less than eighteen years of age.
3. My child resided and consumed municipal water or water from a private well in which PFOA was detected at the following residence(s) located at _____ in the Village of Hoosick Falls and/or the Town of Hoosick, New York on the date(s) listed below [dates on or after January 1, 1996 and before 2017]:

Address											
City											
State											
ZIP Code											
Water source: <input type="radio"/> Municipal <input type="radio"/> Well											

Address											
City											
State											
ZIP Code											
Water source: <input type="radio"/> Municipal <input type="radio"/> Well											

Address											
City											
State											
ZIP Code											
Water source: <input type="radio"/> Municipal <input type="radio"/> Well											

Address											
City											
State											
ZIP Code											
Water source: <input type="radio"/> Municipal <input type="radio"/> Well											

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this: _____ day of _____, 2021.

[Sign]

[Print name]



**DECLARATION OF RESIDENCY FOR MEDICAL MONITORING CLASS ELIGIBILITY
ON BEHALF OF LEGAL GUARDIAN OR REPRESENTATIVE OF PERSON
LESS THAN 18 YEARS OF AGE OR PERSON DECLARED INCOMPETENT**

Pursuant to 28 U.S.C. § 1746, I, _____, declare as follows:

1. I am over eighteen years of age.
2. I am the legally-appointed representative of _____, having been
[Name of child or incompetent person]
appointed by the _____ Court in _____
[Name of Court] [Date of appointment]
3. This person who I represent resided and consumed municipal water or water from a private well in which PFOA was detected at the following residence(s) in the Village of Hoosick Falls and/or the Town of Hoosick, New York on the date(s) listed below [dates on or after January 1, 1996 and before 2017]:

Address													
City						State		ZIP Code					
MM		/		YYYY		to		MM		/ YYYY		Water source: <input type="radio"/> Municipal <input type="radio"/> Well	
Month				Year				Month		Year			

Address													
City						State		ZIP Code					
MM		/		YYYY		to		MM		/ YYYY		Water source: <input type="radio"/> Municipal <input type="radio"/> Well	
Month				Year				Month		Year			

Address													
City						State		ZIP Code					
MM		/		YYYY		to		MM		/ YYYY		Water source: <input type="radio"/> Municipal <input type="radio"/> Well	
Month				Year				Month		Year			

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this: _____ day of _____, 2021.

[Sign]

[Print name]

