Burdick, et al. v. Tonoga, Inc. Settlement Administrator P.O. Box 43502 Providence, RI 02940-3502

TGK

<<Bar Code>>

Burdick, et al., v. Tonoga, Inc. (d/b/a Taconic) NEW YORK STATE SUPREME COURT, RENSSELAER COUNTY

Postal Service: Please Do Not Mark Barcod TGK-< <claim8>>-<<ckdig>> «FirstNAME» «LastNAME» «Addr1» «Addr2» «City», «State»«FProv» «Zip»«FZip» «FCountry»</ckdig></claim8>	e	Must B	a No. 00253835 Se Postmarked No Later Than April 4, 2022 ID: << <u>Clam8</u> >> Code: << <u>PIN</u> >>
	<u>LEMENT CLAIM F</u>	<u>ORM</u>	
CHANGE OF ADDRESS (ONLY IF DIFF	ERENT FROM ABOVE)		
Primary Address			
Primary Address Continued			
City		State	ZIP Code
Foreign Province	Foreign Postal Code	Foreign Country N	lame/Abbreviation
Please review the following instructions before pro	occeeding:		

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 the Estate of a deceased or 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) You owned real property in the Town of Petersburgh, New York and obtained your drinking water from the Town Public Water System, and you purchased that property on or before February 20, 2016 and owned that property on February 20, 2016; OR
- 2) You owned real property in the Town of Petersburgh, New York within a seven (7) mile radius of the Taconic Facility in Petersburgh, New York, and you obtain or obtained your drinking water from a privately owned well contaminated with PFOA, and you owned that property at or around February 20, 2016 when the contamination was discovered.

PRIVATE WELL NUISANCE CLASS:

You owned real property in the Town of Petersburgh, New York within a seven (7) mile radius of Taconic's facility in Petersburgh, New York, and you obtain or obtained your drinking water from a privately owned well contaminated with PFOA, and you occupied that property at or around February 20, 2016 when the contamination was discovered; OR

You rented real property in the Town of Petersburgh, New York within a seven (7) mile radius of Taconic's facility in Petersburgh, New York, and you obtain or obtained your drinking water from a privately owned well contaminated with PFOA, and you occupied that property at or around February 20, 2016 when the contamination was discovered.



FOR CLAIMS PROCESSING ONLY		СВ	DOC LC REV	RED A B	
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MEDICAL MONITORING SETTLEMENT CLASS:

- 5) You ingested PFOA-contaminated water from the Town Public Water System or from a contaminated private well located in the Town of Petersburgh within a seven (7) mile radius of the Taconic Facility in Petersburgh, New York and your blood serum was tested and that test disclosed a PFOA level 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 in more than one class. Each Class Member must submit a Claim Form. You can only submit a Claim Form 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 Class Member. In such case, you must submit a Claim Form for yourself and a separate Claim Form for the minor, deceased, 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.

ADDITIONAL INFORMATION:

- 1) You may obtain additional information about your submission of a Claim or about this. Settlement at www.petersburghpfoasettlement.com or by calling 1-888-876-0855.
- 2) You must review, sign and date Section IV below.
- Your completed Settlement Claim Form <u>and supporting documentation</u> (if required) must be submitted electronically and/or postmarked before April 4, 2022. You may submit your Settlement Claim Form and supporting documentation, as indicated below:
 - a. By mail to:

Settlement Administrator

P.O. Box 43502

Providence, RI 02940-3502

- b. By email to: info@petersburghpfoasettlement.com.
- c. Electronically at: www.petersburghpfoasettlement.com. You are encouraged to submit your claim online for easy verification and processing.

SECTION I: Claimant's Information

First Name M.I.	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? Yes No			



	Are you filing this	Claim on behalf of another person?	Yes	No
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If Yes, provide the following information about the person on whose behalf you are completing this Form:

First Name	M.I.	Last I	Name							
Primary Address									•	
Primary Address Continued										
							P			
City						State		ZIP C	Code	
Email Address						X				
Area Code Telephone Number			•							
Are you the parent or legal guardian of this person? • Yes	s No	0								
Are you the parent of legal guardian of this person?			\bigcap							
If you are a legally appointed representative of this person, pr	rovide the	e follov	wing inf	ormatio	n:					
Nature of Legal Representation (Estate Representative/Gua	ardian/Co	nserva	tor)							
	\square									
Court that appointed you and Date of Appointment										
Month Day Year										

Submit a Copy of Document from Court Appointing You

If you are filing this Claim on behalf of yourself, or are a legal representative of a deceased or incompetent person who was a Class Member in one of the Property Damage or Nuisance Classes, please proceed to Section II.

If you are filing this Claim on behalf of a minor less than 18 years of age or an incompetent person eligible for the Medical Monitoring Class, please proceed to Section III.





SECTION II: Information on Class Member and Claims

Complete this Section if you are filing this Claim on your own behalf

To the best of your knowledge and belief, to which of the following Settlement Classes do you belong? (Please refer to the Instructions on p. 1-2 of this Claim Form for a description of the Settlement Classes.)

Check any that apply:

- 1. Property Settlement Class (if selecting this Class, also fill (a) or (b) below)
 - a. Town Water Property Damage Class (you owned real property on or before February 20, 2016 that obtained drinking water from the Town Public Water System)
 - b. **Private Well Property Damage Class** (you owned real property that obtained drinking water from a private well that was found to be contaminated with PFOA and owned that property at or around February 20, 2016 when the contamination was discovered)
- 2. **Private Well Nuisance Class** (you owned or rented real property that obtained drinking water from a private well contaminated with PFOA and occupied that property at or around February 20, 2016 when the contamination was discovered)
- 3. **Medical Monitoring Settlement Class** (PFOA is or was present in your blood above 1.86 µg/L (parts per billion) and you ingested PFOA-contaminated water from the Town Public Water System or from a contaminated private well located in the Town of Petersburgh within a seven (7) mile radius of the Taconic Facility in Petersburgh, New York)

If you checked any of the above, please complete the appropriate section(s) below:

PROPERTY SETTLEMENT CLASS:

Address of real Property that either: (1) you (or the person you represent) owned or co-owned as of February 20, 2016 (Number/Street/ City/ZIP Code) that was supplied with drinking water by the Town Public Water System; or (2) you (or the person you represent) owned or co-owned and was supplied with drinking water from a contaminated private well located in the Town of Petersburgh, New York within a seven (7) mile radius of the Taconic Facility in Petersburgh, New York and that you owned at or around February 20, 2016 when the contamination was discovered:

Primary Address		
City	State	ZIP Code

As of February 20, 2016 or thereafter when the contamination was discovered, did this property obtain drinking water from the Town Public Water System or from a privately owned well located in the Town of Petersburgh, New York within a seven (7) mile radius of the Taconic Facility in Petersburgh, New York?

Yes No

If the property obtained drinking water from a privately owned well, was the well tested for the presence of PFOA and, if so, what was the result? **Submit a copy of well testing results if you have them.**

If you (or the person you represent) co-owned this property w	vith anoth	her individual, please state their name and relation to you:
First Name	M.I.	Last Name
Relation		



If you have it, submit proof of ownership of your property. You may submit any of the following: a copy of the deed, a copy of a tax bill, another document showing ownership. Identify below what, if anything, you are submitting to show ownership of the property. (Note: If you do not have a document showing ownership, the Settlement Administrator may still be able to verify that you own the property.):

If you have it, submit proof of your drinking water source and if it is a private well, any PFOA testing performed on your water source. Proof of drinking water source can include a water bill. PFOA testing was generally performed by the NY Department of Environmental Conservation or NY Department of Health and test results were sent to private well owners. Do you have proof of your water source and/ or private well contamination, and if so, what is it?

PRIVATE WELL NUISANCE CLASS:

Address of real property located in the Town of Petersburgh, New York, within a seven (7) mile radius of Taconic's facility in Petersburgh, New York, that you (or the person you represent) owned, co-owned, or rented and occupied at or around February 20, 2016 at the time the contamination was discovered (Number/Street/City/ZIP Code):

Primary Address		
City	State	ZIP Code

Submit a copy of well testing results if you have them.

You must also complete a Declaration of Residency, stating that you (or the person you represent) resided at the property at or around February 20, 2016. The Declaration of Residency is attached to this Claim Form.

MEDICAL MONITORING SETTLEMENT CLASS

To qualify as a member of this class, you must meet the following criteria: (1) you consumed water at your residence from either the Town Public Water System or a private well located in the Town of Petersburgh within a seven (7) mile radius of the Taconic Facility in Petersburgh, New York that was tested and found to contain PFOA, and (2) you obtained a blood test that shows your PFOA blood serum level was above $1.86 \mu g/L$ (parts per billion). You may also file a Claim on behalf of a minor child who meets this criteria if you are the parent or legal guardian of that child. This includes children who were born to a female who meets and/or met this criteria at the time of the child's birth and who was exposed in utero and who obtained a blood test after they were born disclosing a PFOA blood serum level above $1.86 \mu g/L$ (parts per billion).

If you are submitting this Claim on behalf of a minor, proceed to Section III.

If you are submitting this Claim for yourself, you must also complete a Declaration of Eligibility stating that you consumed water that contained PFOA. The Declaration of Eligibility is attached at the end of this Claim Form.

Identify the residence(s) where you consumed drinking water and identify the water source (Town or private well). If you lived at multiple addresses, please identify all residences that qualify:

Property Address									
Water source: Town	Well								
Property Address									
Water source: O Town	Well								



Property Address	
Water source: O Town O Well	
Property Address	
Water source: Town Well	
Has your blood been tested for the presence of PFOA? O Yes O No	
What was your PFOA blood serum level when your blood was tested?	

You must submit a copy of your blood test 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 qualify as a Medical Monitoring Settlement Class Member. If you do not have a copy of a blood test, but your blood was tested by the NY Department of Health (or another physician), please consult the FAQs available on the settlement website at www.petersburghpfoasettlement.com for information on how to obtain a copy of your blood test results.



SECTION III: Submission of a Claim on Behalf of a Minor

Complete this Section if you are submitting a Medical Monitoring Claim on behalf of a minor and you are the parent or legal guardian of that child.

If you are submitting a claim for yourself AND a child, you must submit a separate Claim Form for each person.

You may submit a Claim for Medical Monitoring benefits for a minor child who was exposed in utero or at any time after they were born, provided that the minor has obtained a blood test showing that PFOA is present in their blood above 1.86 µg/L (parts per billion).

If you are submitting this Claim on behalf of a minor, you must complete <u>two</u> Declarations that are attached to this Claim Form. The first is a Declaration stating that you are the parent or legal guardian of the minor and the second is a Declaration that the minor child consumed water containing PFOA OR that the child was exposed to PFOA in utero. Do not submit this Claim Form without completing each of these <u>two</u> Declarations.

Provide the Minor's Information below:

First Name	M.I. Last Name
Primary Address	
Primary Address Continued	
City	State ZIP Code
Minor's Age	

Identify the residence(s) where the minor consumed drinking water and identify the water source (Town or private well). If the minor lived at multiple addresses, please identify all residences that qualify:

Property Address
Water source: Town Well
Property Address
Water source: Town Well
Property Address
Water source: Town Well
Property Address
Water source: Town Well



				_
Has the minor's blood been tested for the presence of PF What was the minor's PFOA blood serum result?	FOA? Yes	No		
SECTIO I declare that the information provided in this Claim Form is Administrator may need to verify some of the information t		0	nowledge. I underst	and that the Settleme
Signature:		Dated (mm/d	d/yyyy):	
Print Name:				
IF YOU ARE A MEMBER OF THE PRIVATE WELL CLASS, OR IF YOU ARE SUBMITTING THIS CLA MORE DECI For additional information or assistance in complete	AIM ON BEHAI LARATIONS TH	LF OF A MINOR, IAT FOLLOW.	YOU MUST COM	IPLETE ONE OR
	502, Providence, 1			

STATE OF NEW YORK SUPREME COURT

COUNTY OF RENSSELAER

JAY BURDICK, CONNIE PLOUFFE, EMILY MARPE, as parent and natural guardian of E.Y., an infant, and, G.Y., an infant, JACQUELINE MONETTE, WILLIAM SHARPE, EDWARD PERROTTI-SOUSIS, MARK DENUE and MEGAN DUNN, individually, and on behalf of all similarly situated,

Plaintiffs,

TONOGA, INC., (d/b/a TACONIC),

v.

١,

Defendant.

DECLARATION OF RESIDENCY FOR PRIVATE WELL NUISANCE CLASS ELIGIBILITY

Index No.: 00253835

A

[Name of person signing declaration], declare as follows:

- 1. I am over eighteen years of age
- 2. At or around February 20, 2016 when the contamination was discovered, I

owned or rented property located at

[Property address with PFOA contaminated well]

in the Town of Petersburgh, New York.

3. This property obtained drinking water from a private well that was found to be contaminated with PFOA.

4. I resided at this property at or around February 20, 2016 when the contamination was discovered. I declare under penalty of perjury that the foregoing is true and correct.

Executed on	this:	_ day of	_, 202
Signature: _			
Print Name:			



STATE OF NEW YORK SUPREME COURT

COUNTY OF RENSSELAER

JAY BURDICK, CONNIE PLOUFFE, EMILY MARPE, as parent and natural guardian of E.Y. an infant, and, G.Y., an infant, JACQUELINE MONETTE, WILLIAM SHARPE, EDWARD PERROTTI-SOUSIS, MARK DENUE and MEGAN DUNN, individually, and on behalf of all similarly situated,

IGIDA

Index No.: 00253835

Plaintiffs,

v. TONOGA INC., (d/b/a TACONIC),

Defendant.

DECLARATION OF RESIDENCY FOR PRIVATE WELL NUISANCE CLASS ELIGIBILITY ON BEHALF OF REPRESENTATIVE OF ESTATE OR INCOMPETENT PERSON						
l,						
[Name of person signing declaration], declare as follows:						
1. I am over eighteen years of age.						
2. I am the legally appointed representative of						
[Name of person/decedent you represent]						
having been appointed by the Court in [Name of Court] [Date of appointment]						
3. At or around February 20, 2016 when the contamination was discovered						
[Name of person/decedent you represent]						
owned or rented property located at						
[Property address with PFOA contaminated well]						
in the Town of Petersburgh, New York.						
4. This property obtained drinking water from a private well that was found to be contaminated with PFOA.						
[Name of person/decedent you represent]						
resided at this property at or around February 20, 2016 when the contamination was discovered.						
I declare under penalty of perjury that the foregoing is true and correct. Executed on this:						
Signature:						
Print Name:						

STATE OF NEW YORK

SUPREME COURT COUNTY OF RENSSELAER

JAY BURDICK, CONNIE PLOUFFE, EMILY MARPE, as parent and natural guardian of E.Y., an infant, and, G.Y., an infant, JACQUELINE MONETTE, WILLIAM SHARPE, EDWARD PERROTTI-SOUSIS, MARK DENUE and MEGAN DUNN, individually, and on behalf of all similarly situated,

SHARPE, EDWARD PERROTTI-SOUSIS, MARK DENUE and MEGAN DUNN, individually, and on behalf of all similarly situated,		
Plaintiffs,		
v. TONOGA, INC., (d/b/a TACONIC), Defendant.	Index No.: 00253835	
	MPTION OF WATER FROM CONTAMINATED DNITORING SETTLEMENT CLASS ELIGIBILITY	
I, [Name of person signing declaration], declare as follows:		
1. I am over eighteen years of age.		
2. I consumed water from the property located at [Property address with PFOA contaminated well]		
in the Town of Petersburgh, New York. I declare under penalty of perjury that the foregoing is true	e and correct.	
Executed on this: day of, 202		
Signature:		
Print Name:		



STATE OF NEW YORK SUPREME COURT

COUNTY OF RENSSELAER

JAY BURDICK, CONNIE PLOUFFE, EMILY MARPE, as parent and natural guardian of E.Y., an infant, and, G.Y., an infant, JACQUELINE MONETTE, WILLIAM SHARPE, EDWARD PERROTTI-SOUSIS, MARK DENUE and MEGAN DUNN, individually, and on behalf of all similarly situated,

Plaintiffs,

v. TONOGA, INC., (d/b/a TACONIC),

Defendant.

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

Index No.: 00253835

, who is less than eighteen years of age.

Under penalty of perjury, I,

[Name of person signing declaration], declare as follows:

- 1. I am over eighteen years of age.
- 2. I am the parent or legal guardian of
- 3. My child consumed water at a residence located at

[Property address with PFOA contaminated well]

in the Town of Petersburgh, New York. I declare under penalty of perjury that the foregoing is true and correct.

Executed on this: _____ day of _____, 202___.

Signature: ____

Print Name:

