

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



TGK

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

<<Bar Code>>

Postal Service: Please Do Not Mark Barcode

TGK-<<Claim8>>-<<CkDig>>

<<FirstName>> <<LastName>>

<<Addr1>> <<Addr2>>

<<City>>, <<State>><<FProv>> <<Zip>><<FZip>>

<<FCountry>>

Index No. 00253835

**Must Be Postmarked
No Later Than
April 4, 2022**

Claim ID: <<Claim8>>

PIN Code: <<PIN>>

SETTLEMENT CLAIM FORM

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	

Please review the following instructions before proceeding:

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 Petersburg, 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 Petersburg, New York within a seven (7) mile radius of the Taconic Facility in Petersburg, 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:

- 3) You owned real property in the Town of Petersburg, New York within a seven (7) mile radius of Taconic's facility in Petersburg, 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**
- 4) You rented real property in the Town of Petersburg, New York within a seven (7) mile radius of Taconic's facility in Petersburg, 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	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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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 Petersburg within a seven (7) mile radius of the Taconic Facility in Petersburg, 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.
- 3) Your completed Settlement Claim Form and supporting documentation (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? <input type="radio"/> Yes <input type="radio"/> No						



Are you filing this Claim on behalf of another person? Yes No

If Yes, provide the following information about the person on whose behalf you are completing this Form:

First Name	M.I.	Last Name
Primary Address		
Primary Address Continued		
City	State	ZIP Code
Email Address		
Area Code	Telephone Number	

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 and Date of Appointment
MM / DD / YYYY 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 Petersburg within a seven (7) mile radius of the Taconic Facility in Petersburg, 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 Petersburg, New York within a seven (7) mile radius of the Taconic Facility in Petersburg, 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 Petersburg, New York within a seven (7) mile radius of the Taconic Facility in Petersburg, 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 with another individual, please state their name and relation to you:

First Name	M.I.	Last Name
Relation		



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 two 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 two Declarations.

Provide the Minor's Information below:

<input type="text"/>		<input type="text"/>	<input type="text"/>	
First Name		M.I.		Last Name
<input type="text"/>				
Primary Address				
<input type="text"/>				
Primary Address Continued				
<input type="text"/>				
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
City			State	ZIP Code
<input type="text"/>	<input type="text"/>			
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				
<input type="text"/>				
Water source: <input type="radio"/> Town <input type="radio"/> Well				
Property Address				
<input type="text"/>				
Water source: <input type="radio"/> Town <input type="radio"/> Well				
Property Address				
<input type="text"/>				
Water source: <input type="radio"/> Town <input type="radio"/> Well				
Property Address				
<input type="text"/>				
Water source: <input type="radio"/> Town <input type="radio"/> Well				



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.

Index No.: 00253835

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

Defendant.

DECLARATION OF RESIDENCY FOR PRIVATE WELL NUISANCE CLASS ELIGIBILITY

I,

[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 Petersburg, 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: _____



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 DENUÉ and MEGAN DUNN,
individually, and on behalf of all similarly situated,

Plaintiffs,

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

Index No.: 00253835

Defendant.

**DECLARATION OF RESIDENCY FOR PRIVATE WELL NUISANCE CLASS ELIGIBILITY
ON BEHALF OF REPRESENTATIVE OF ESTATE OR INCOMPETENT PERSON**

I,

[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 Petersburg, 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: _____ 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.

Index No.: 00253835

**DECLARATION OF CONSUMPTION OF WATER FROM CONTAMINATED
PROPERTY FOR MEDICAL MONITORING 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 Petersburg, New York.

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

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

Signature: _____

Print Name: _____



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.

Index No.: 00253835

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**

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 _____, who is less than eighteen years of age.
3. My child consumed water at a residence located at

[Property address with PFOA contaminated well]

in the Town of Petersburg, New York.

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

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

Signature: _____

Print Name: _____

