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Marcotte v. CAVU eCommerce (AMER) LLC
Circuit Court of Cook County
Case No. 2025CH06466
Settlement Claim Form

If you are a Settlement Class Member and wish to receive a cash payment, your completed Claim Form must be postmarked on or before January 15, 2026, or submitted online on or before January 15, 2026.

Please read the full Notice of this settlement (available at **CAVUServiceChargeSettlement.com**) carefully before filling out this Claim Form.

To be eligible to receive a cash payment from the settlement obtained in this class action lawsuit, you must submit this completed Claim Form online or by mail.

ONLINE: CAVUServiceChargeSettlement.com, "Submit a Claim" page

MAIL: CAVU Service Charge
Settlement Administrator
P.O. Box 3486
Portland, OR 97208-3486

PART ONE: CLAIMANT INFORMATION & PAYMENT METHOD ELECTION

Provide your name and contact information below. It is your responsibility to notify the Settlement Administrator of any changes to your contact information after the submission of your Claim Form.

First Name | MI | Last Name

Street Address

City | State | ZIP Code

Email Address

Unique ID

POTENTIAL CASH PAYMENT: You may be eligible to receive a pro rata cash payment, which will be based on the total amount of Service Charges you paid, if you are a California resident who made a reservation through airportparkingreservations.com or airportparking.com and paid a mandatory "Service Charge" at checkout from July 1, 2024, to March 10, 2025.

PREFERRED PAYMENT METHOD:

- ☐ Venmo — Venmo Email:
- ☐ PayPal — PayPal Email:
- ☐ Zelle — Zelle Email:
- ☐ Check

QUESTIONS? VISIT CAVUSERVICECHARGESETTLEMENT.COM OR CALL 1-888-887-5409 TOLL-FREE

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PART TWO: ATTESTATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury under the laws of the United States of America that between July 1, 2024, to and through March 10, 2025, I, while a resident of California, made a reservation through airportparkingreservations.com or airportparking.com and paid a mandatory "Service Charge" at checkout, and that all of the information on this Claim Form is true and correct to the best of my knowledge. I understand that my Claim Form may be subject to audit, verification, and Court review.

Signature

Date: MM – DD – YYYY

Please keep a copy of your Claim Form for your records.