

Alarm.com Settlement Administrator
P.O. Box 505034
Louisville, KY 40233-9702



A2T

*Abante Rooter and Plumbing, Inc. et al. v.
Alarm.com Incorporated et al.*

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Case No. 4:15-cv-06314-YGR

**Must Be Postmarked
No Later Than
April 16, 2019**

CLAIM FORM

To receive benefits from this Settlement, your Claim Form must be electronically submitted or postmarked on or before April 16, 2019.

You may submit your completed and signed Claim Form online at www.AlarmTCPAClassAction.com or by mail to the following address: Alarm.com Settlement Administrator, P.O. Box 505034, Louisville, KY 40233-9702. You must complete all sections and sign below in order to receive any benefits from this Settlement.

By submitting a claim, you are attesting that you received on or after December 30, 2011, (1) an automated or pre-recorded telemarketing call on your cell phone, or (2) a call using a pre-recorded voice to your residential line, or (3) multiple calls in a twelve-month period to a residential or cellular number on the National Do-Not-Call list, and those calls were placed by Alliance or a third party hired by Alliance promoting Alarm.com's products or services or that could have resulted in the installation of a security system that could use or include any Alarm.com product or service. You can submit one claim for each telephone number at which you received calls placed by Alliance or a third party hired by Alliance promoting Alarm.com's products or services.

First Name - M.I. - Last Name

Business Name (If applicable)

Street Address

City State Zip Code

Contact Phone Number(s)

Street Address

Email Address

Telephone Number(s) at which calls were received

Calls must have been received from Alliance or related third parties and promoted or could have resulted in the sale of Alarm.com's products or services. If you received calls to multiple telephone numbers, please list all telephone numbers above. If you received calls to more than three telephone numbers, you will need to file an additional Claim Form.

Class Member ID from email or postcard notice (if you did not receive such a notice, leave this blank):

I declare that I have accurately filled out this form.

Signature: _____ Date (mm/dd/yyyy): _____

Print Name: _____



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