3120900000000

REQUEST FOR OBJECTION FORM

Windex "Non-Toxic" Settlement
c/o Kroll Settlement Administration
P.O. Box 131
Warminster, PA 18974-0131

THIS IS NOT A CLAIM FORM.

YOU MUST COMPLETE THIS FORM ONLY IF YOU WISH TO OBJECT THE CLASS ACTION SETTLEMENT.

By signing and returning this form, I confirm that am objecting to this Settlement.

I understand that by objecting I will remain a Class Member and will be eligible to receive cash benefits if this Settlement is approved and I submit a timely valid Claim Form.

By providing the following information, I affirm that I am objecting to this Settlement:

In order to object this Settlement, please complete and return this Request for Objection Form to the Settlement Administrator at the above address by November 12, 2021

Reason for Objecting:_____

_____

_____

Name:_____ ____ _____
First Name M Last Name

_____
Current Mailing Address

_____ ___ ___ ___ ___ ___ ___ ___
City State Zip Code

Phone Number: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Alternate Phone Number: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Email Address: _____@_____

Signature: _____ Date:___ ___ / ___ ___ / ___ ___ ___ ___

Questions? Visit www.clarkclasssettlement.com or call toll-free at 1-855-229-7512