

California Gasoline Spot Market
Antitrust Settlement Administrator
P.O. Box 301176
Los Angeles, CA 90030-1176

CALG



VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

*In re California Gasoline Spot Market
Antitrust Litigation*

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Case No. 3:20-cv-03131-JSC (N.D. Cal.)

**Must Be Postmarked
No Later Than
January 8, 2025**

**Business Entity
Retail Purchaser Claim Form**

Section I. Claimant Information (All Fields Required)

Business Representative Information:

<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"/>		
City			State	ZIP Code		
<input type="text"/>						
Country						
<input type="text"/>						
Email Address						
<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>		
Area Code		Telephone Number				
<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>		
Date of Birth (MM/DD/YYYY)						
<input type="text"/>						
Title (providing authority to submit this form on behalf of the business)						



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<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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Please fill out the information of one of the following forms of ID:

Driver's License State Driver's License Number

OR

Passport Issuing Country Passport Number

OR

Permanent Resident Card USCIS #

Please attach a photo of your Identification Card.

Business Information:

Business Name

— —

Area Code Telephone Number

Primary Address

Primary Address Continued

City

State

ZIP Code

Country

—

Employer Identification Number (EIN)

OR

— —

Social Security Number (SSN) [use only if you do not have an EIN]

Fill in the appropriate circle. Fill in only **one** of the following seven circles.

- Individual/sole proprietor
- C Corporation
- S Corporation or single-member LLC
- Partnership
- Trust/estate
- Limited Liability Company
- Other: _____

Is this business still active? Yes No. **If no, please attach documentation showing proof of ownership.**

I attest I have the legal authority to submit a claim on behalf of this business.



Section II. Gasoline Purchase Information

Please provide the following information about the business’ purchases of gasoline from a retailer, for the business’ use and not for resale, within the State of California, between February 18, 2015, and May 31, 2017.

For Southern California¹

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Total Quantity of Gasoline Purchased in Dollars

Please attach proof of your Southern California purchases.

For Northern California²

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Total Quantity of Gasoline Purchased in Dollars

Please attach proof of your Northern California purchases.

NOTE: If you are filling out this Claim Form on paper, you will receive any payment through a paper check via mail to the address you provided. If you wish to receive any payment through PayPal or ACH, please fill out this Claim Form online at www.CalGasLitigation.com.

Notice: All claims are subject to audit by the Settlement Administrator. If your claim is subject to audit for any reason, the Settlement Administrator will notify you at the email address provided above or, if you did not provide a valid email address, at the mailing address above. Failure to respond may result in your claim being disallowed, in whole or in part.

I agree to permit the Settlement Administrator to contact me through the email address, mailing address, or phone number that I provided solely for purposes of administering this Settlement.

By signing this Claim Form, I declare under penalty of perjury under the laws of the United States of America and California that the information submitted on this Claim Form is true and correct, that the business identified above purchased the amount of gasoline listed in this Claim Form, and that I believe the business identified above is a Settlement Class Member entitled to the relief requested by submitting this Claim Form.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

¹ Southern California includes the California counties of Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, and Ventura.

² Northern California includes the California counties of Alameda, Alpine, Amador Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, and Yolo.



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