

**Claim Form**

*Instructions. Fill out each section of this form and sign where indicated.*

**THIS CLAIM FORM MUST BE COMPLETED AND MAILED TO THE SETTLEMENT ADMINISTRATOR, OR FILLED OUT AND SUBMITTED ON THE SETTLEMENT WEBSITE BY: SEPTEMBER 19, 2023**

First Name:	Last Name:
Street Address:	City:
State:	Zip Code:
E-mail Address:	Contact Phone Number:

**Class Member Affirmation:** By submitting this Claim Form, I declare that I am a member of the Settlement Class and that the following information is true and correct:

I am an individual who worked as a Server or Bartender at Black Rock Bar & Grill in Fort Lauderdale, Florida, between May 26, 2020, and June 23, 2023.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(MM-DD-YY)

Printed Name: \_\_\_\_\_

Settlement Administrator Information:

*For more information, visit [www.BlackRockFLLSettlement.com](http://www.BlackRockFLLSettlement.com)  
Para informacion en Espanol, visitor [www.BlackRockFLLSettlement.com](http://www.BlackRockFLLSettlement.com)*