



OPT-OUT REVOCATION REQUEST

NAME OF POTENTIAL CLASS MEMBER: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: _____

SOCIAL SECURITY NUMBER/EIN: _____

GCCF ID (Optional): _____

DWH SETTLEMENT PROGRAM CLAIM NUMBER (Optional): _____

ATTORNEY (Optional): _____

I wish to revoke my request to opt out of the Economic & Property Damages Settlement Class. By revoking my opt out request, I hereby withdraw and waive any and all current and future objections that I may have to the Economic & Property Damages Settlement.

Printed Name

Signature

Date