



48241XXXXXXXX

**Claim Form**

Insert Class Member ID Here: 4 8 2 4 1 \_\_\_\_\_

Your unique Class Member ID is on your postcard and/or email notice.

If you cannot locate your Class Member ID, contact the administrator by email [info@southwestcaliforniacallrecordingsettlement.com](mailto:info@southwestcaliforniacallrecordingsettlement.com), telephone 1-833-910-3607 or mail to Southwest Call Recording Settlement, c/o Kroll Settlement Administrator, P.O. Box 225391, New York, NY 10150-5391 to request your claim identification number.

\_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
Address 2 \_\_\_\_\_

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address (Optional) \_\_\_\_\_

**Instructions:** To complete this Claim Form, provide all of the telephone number(s) you used to call Southwest's Rapid Rewards toll-free telephone number (800-445-5764) at any time during the period from and including March 25, 2019 through August 20, 2019.

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ , ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ,

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ , ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Mail this Claim Form on or before April 15, 2022 to:  
Southwest Call Recording Settlement  
c/o Kroll Settlement Administrator  
P.O. Box 225391  
New York, NY, 10150-5391.**

**You also may submit your claim online by April 15, 2022 at  
[www.SouthwestCaliforniaCallRecordingSettlement.com](http://www.SouthwestCaliforniaCallRecordingSettlement.com)**

If you provide an email address, the Claims Administrator will use it to communicate with you about any questions it has about your claim. We recommend that you provide an email address, but it is not required.

**Certification**

By my signature below, I certify to my best honest belief that when I placed the call or calls to the Southwest Rapid Rewards toll-free telephone number during the period from and including March 25, 2019 through August 20, 2019, I was located within the State of California.

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy