

Superior Court of the State of California
for the County of Contra Costa
ABS Pipe Cases II Litigation

Claim Registration Form

Name of Property Owner(s): _____

Property Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Telephones: _____
Day Evening Fax

Alternate Contact: _____
Name Phone

Tenant Name (If Building is Rented): _____ Home Phone: _____ Work Phone: _____
If necessary, attach the names and telephone numbers of each tenant on a separate sheet

Type of Property: Single Family Dwelling Condominium Apartment Complex Other (Specify) _____
Number of units: _____ Date of construction: _____

Are you the current property owner? Yes ___ No ___ *If yes, attach a copy of your current tax statement and insurance policy. If no, you MUST provide a signed authorization from the owner(s) granting you authority to file a claim.*

Is the property currently for sale? Yes ___ No ___

ABS Pipe Leak History

Have you identified ABS pipe in your home manufactured by the defendant manufacturers (Centaur, Phoenix, Gables, Polaris, Apache)? Yes ___ No ___

If yes, mark all that apply: *Residences may contain more than one brand of ABS pipe. Refer to the 'How to Identify' information for assistance.*

	Code Information	Number of Leak(s)	Location of Leak(s)	Diameter
Centaur:	Yes ___ No ___	_____	_____	_____
Phoenix:	Yes ___ No ___	_____	_____	_____
Gables:	Yes ___ No ___	_____	_____	_____
Polaris:	Yes ___ No ___	_____	_____	_____
Apache:	Yes ___ No ___	_____	_____	_____

Color of printing on pipe: _____

Description of related property damage: Describe the damage and attach photos: _____

Total amount of prior repairs: *Attach property specific receipts, invoices, and photos* _____

Names and addresses of builder/contractor/plumber: *If available* _____

CERTIFICATION

(Must be signed by property owner(s) or an authorized representative)

If you or the predecessor owner of your property have engaged in prior litigation which involved ABS pipe that resulted in a settlement, judgment or dismissal with prejudice, you are not entitled to recover under the terms of the Settlements against a party with whom your claim was previously settled, adjudicated, or dismissed with prejudice. The settlement funds will not make duplicative payments.

The information which I supplied in this Claim Registration Form is true to the best of my knowledge and this document is signed under penalty of perjury.

Signature of Property Owner(s) or Authorized Representative of Owner _____
Print Name _____
Date _____

Return this completed Claim Registration Form, with required attachments to: **Claims Administrator, ABS Pipe Cases II, P.O. Box 4068, Portland, OR 97208-4068**