

**Your claim must
be submitted online
or postmarked by:
April 30, 2026**

CLAIM FORM

New Merkle Investors, LLC v. BFI Waste Services, LLC et al
Case No. CV-2021-903302
Circuit Court of Jefferson County, Alabama

GENERAL INSTRUCTIONS

You are a Settlement Class Member if you received a notice that you were identified as a commercial or industrial customer who received waste hauling and/or recycling services from one of the following entities or their corporate affiliates and paid price increases for those services at some point between January 1, 2017 through September 30, 2025: Allied Waste Services of North America, LLC, Allied Waste Transportation, Inc., Allied Waste Systems, Inc., Allied Waste Services of Massachusetts, LLC, BFI Waste Services of Texas, LP, BFI Waste Services LLC, BFI Waste Services of Indiana, LP, Consolidated Disposal Services, LLC, Republic Services of Ohio Hauling, LLC, Republic Services of Pennsylvania, LLC, Republic Services of South Carolina, LLC, Tri-County Refuse Services, Inc., or any of their sister companies or corporate affiliates (collectively “Defendants”). After years of litigation, significant discovery, and multiple mediations a settlement between the parties has been reached that may affect you as a member of this class. You may submit a claim for settlement benefits, outlined below. You are eligible for monetary recovery in this settlement if you submit a valid and approved claim in the settlement of *New Merkle Investors, LLC v. BFI Waste Services, LLC et al*, Case No. CV-2021-903302 (*Jefferson Cnty. Cir. Ct. Ala.*). Please refer to the Long-Form Notice posted on the Settlement Website www.BFIWasteServicesSettlement.com, for more information on submitting a Claim Form.

The Claim Form may be submitted online on the Settlement Website or may be mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, including any supporting documentation, by U.S. mail to:

BFI Waste Services Settlement
c/o RG/2 Claims Administration LLC
P.O. Box 59479
Philadelphia, PA 19102-9479

You may submit a claim for the following payment options:

- 1) **Tier 1 Payment:** This payment option requires you to provide an **account number**.
- 2) **Tier 2 Payment:** This payment option requires you to provide a copy of the **contract** at the time of the alleged improper price increase, an **invoice** reflecting the price increase and **attestation** that you paid the increased prices during the class period (see Question 5 on the Long-Form Notice located on the Settlement Website for the Class Period relative to your state). If the account number is not listed on the contract or invoice, you will need to provide the **account number**, as well.

I. PAYMENT SELECTION

If you would like to elect to receive your Settlement Claim payment through electronic transfer, please visit the Settlement Website and timely file your Claim Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

II. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this Claim Form.

Customer Name

Address 1

Address 2

City State Zip Code

Country (If other than U.S.)

Email Address (Required if requesting electronic payment) @

Telephone Number: (_____) _____ - _____

III. PAYMENT ELIGIBILITY INFORMATION

You may choose either a **Tier 1** payment option or **Tier 2** payment option. Required information and documentation must be submitted along with the claim form to be considered a valid claim.

Tier 1 Payment Option

☐ Check this box if **Tier 1 Payment** Requested

Account Number (Required): _____

Tier 2 Payment Option

- ☐ Check this box if **Tier 2 Payment** Requested
- ☐ Copy of **Contract** at the time of alleged improper price increase attached
- ☐ Copy of **Invoice** reflecting price increase attached
- ☐ **Account Number**, if not shown on the attached Contract or Invoice
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IV. ATTESTATION & SIGNATURE

By signing my name below, I swear and affirm that the information included on this Claim Form is true and accurate, and that I am completing this claim form to the best of my personal knowledge. I further swear and affirm that I paid the increased prices during the class period as defined in the Long-Form Notice. I understand that I may be asked to provide supplemental information by the Claims Administrator before my claim will be considered complete and valid.

Signature

____/____/_____
Date

Print Name