

KTT

Name/Address Changes (if any):		
First Name _____	Last Name _____	
Address _____		
City _____	State _____	Zip _____
Home phone: (_____) _____		
Alternate phone: (_____) _____		
E-Mail Address: _____		

Multnomah County Circuit Court – case no. 1006-08538

Patrick Griffus, individually and on behalf of all other persons similarly situated v. Knight Transportation, Inc.

CLAIM FORM - COMPLETE AND RETURN BY MAIL,
FAX, OR EMAIL FOR MONETARY RECOVERY

Please Type or Print

* Name (First, Middle, Last): _____

Street Address: _____

City, State, Zip Code: _____

Former Names (if any): _____

*Social Security Number: X X X - X X - _____ (_____) _____
Telephone Number

TO RECEIVE A RECOVERY YOU MUST COMPLETE, SIGN AND RETURN THIS CLAIM FORM BY REGULAR MAIL, FACSIMILE, OR EMAIL, POSTMARKED OR RECEIVED ON OR BEFORE DECEMBER 31, 2015, ADDRESSED TO:

Knight Transportation Claims Administrator
P.O. Box 40007
College Station, TX 77842-4007
Fax: 1-877-839-3357
Email: KnightTransportation@kcellc.com

* _____ * Date (mm/dd/yyyy): _____
(Sign your name here)

**This information is required for your Claim Form to be valid and complete.*