## **<u>CONSTRUCTION CLAIM</u> ADDITIONAL INFORMATION FORM**

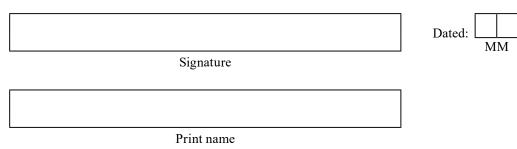
## **SETTLEMENT CLASS MEMBER INFORMATION:**

First Name:													MI:		Last	t Na	me:													
Date of Birth: – – –										Last 4 of Social Security Number:																				
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Cost of Repair/Estimated Repair Cost at Time the Repair was First Needed: \$																														
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By my signature below, I affirm on penalty of law that the foregoing statements are true based on my own personal knowledge:

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To submit additional information about a construction or infrastructure claim, you must submit this form to Kalima Claims Administrator, P.O. Box 135035, Honolulu, HI 96801, OR via email to info@kalima-lawsuit.com. You may download a copy of the correction form by going to kalima-lawsuit.com. You must submit this information by April 3, 2023. CONSTRUCTION DEFECTS OR INFRASTRUCTURE DEFECTS MUST HAVE OCCURRED PRIOR TO JUNE 30, 1988. <u>YOU MAY NOT ASSERT A NEW CLAIM FOR CONSTRUCTION.</u>

