

AFFIDAVIT CLAIM FORM

Pursuant to the terms of the Settlement Agreement, to be eligible for payment under the Settlement Agreement, I must have either registered a complaint regarding the emission of noxious odors from the Carleton Farms Landfill with the Michigan Department of Environmental Quality (MDEQ), Wayne County Department of Environment or filed a Data Sheet with Plaintiffs' counsel.

_____ (print name), claims payment pursuant to the Settlement Agreement entered into in *Edward Waldron II, Traci Brewer, Shelia Page, Barbara Riddell*, and all others similarly situated v *Republic Services of Michigan I, LLC.*, Case No. 06-615173-NZ.

I own real property located at:

or:

I reside in the property located at:

Under penalty of perjury, I state that I (check one):

1. Registered an oral or written complaint with the Michigan Department of Environmental Quality regarding the emission of noxious odors from the Carleton Farms Landfill on:

or

2. Registered an oral or written complaint with the Wayne County Department of Environment regarding the emission of noxious odors from the Carleton Farms Landfill on:

or

3. I completed a Data Sheet and provided it to Class Counsel on:

Additionally, please provide the supplemental documentation listed below:

Proof of personal identity is attached hereto in the form of:

You must attach one of the following.

- Driver's license
- State of Michigan Identity Card

- U.S. Military Card
- U.S. Passport

You must attach one of the following:

- A copy of a deed
- Tax Bill
- Other (must be approved)

Only one claim shall be paid per household. I acknowledge that where 2 or more people are making a claim for the same property, the claim will be divided on a pro rata basis.

I state under oath that I am not claiming payment as a resident of any household other than the address listed herein.

I want to receive my share of the Settlement Fund created by *Edward Waldron II, Traci Brewer, Shelia Page, Barbara Riddell*, and all others similarly situated *v Republic Services of Michigan I, LLC*. The above is true and correct under penalty of perjury.

PRINT NAME: _____

PRINT MAILING ADDRESS: _____

PHONE NUMBER: _____

SIGNATURE: _____

STATE OF MICHIGAN

SS.

COUNTY OF WAYNE

On this _____ day of _____, 2010 before me, a Notary Public in and for said County, personally appeared _____, who executed the foregoing Affidavit Claim Form, acknowledging that the information contained therein is true and acknowledging the execution of same to be his/her voluntary act and deed.

Notary Public

County, Michigan

My Commission Expires: _____

Mail or deliver this claim to Class Counsel at the following address before March 9, 2010:

Steven D. Liddle, Esq.
Macuga, Liddle & Dubin, P.C.
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Detroit, MI 48207-3101
313.392.0015