

Indian Boarding Homes Program

Return of Information Request Form

Return of Information Request Form		
First name *(Required)		
Last name *(Required)		
Date of birth DD/MM/YYYY *(Required)		
Contact Method *(Answer Required)	Email Address (if you have one)	
	☐ Phone Number	
Claim Number *(Required)		
Which Claim Category's o	ocuments do you need returned to you? *(Required)	
	npensation for Placement in the Indian Boarding Homes Program	



IMPORTANT: Your documents will require processing by the Administrator in line with the Settlement Agreement. Your documents will not be returned to you until this processing is complete.

Please choose the submission method that is best for you. Send this Return of Information Request Form to:

Email

<u>claims@</u> <u>boardinghomesclassaction.com</u>

Fax

Subject: Boarding Homes Class Action

Fax Number:

1-833-912-5047

Regular Mail

Attn: Indian Boarding Homes Class Action 18 York Street, Suite 2500, Toronto, Ontario, Canada M5J 0B2