

DISPUTE FORM

City of Oakland v. California Waste Solutions, Inc., Case No. RG17853559

This form is intended for use by potential claimants who did not receive a notice or for claimants disputing the refund amount provided in the notice. The claims administrator will review your dispute and all supporting documentation you provide.

The deadline for submitting your dispute form is **April 11, 2025**. Please send your dispute form by U.S. mail, or email to the claims administrator:

City of Oakland v. California Waste Solutions, Inc.
c/o CPT Group, Inc.
50 Corporate Park
Irvine, CA 92606
Email: CWSSettlement@cptgroup.com

1. CLAIMANT INFORMATION:

CPT ID: _____ (This applies to claimants disputing the refund amount, please include the CPT ID provided in the notice you received.)

Name (First, Middle, Last): _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email: _____

Additionally, please provide the address that experienced the overcharge below:

2. VERIFICATION:

To begin the dispute process, you must identify the amount you believe that you were overcharged and provide proof of payment or other documents to support your claim.

Please list the date(s) and amount of the payment(s).

Date	Amount

Please also attach any necessary documentation with your Dispute Form. Acceptable documentation includes but not limited to:

- a. **Proof of Identity:** Provide copies of one or any of the following forms of identification: 1) driver's license, 2) state issued identification card, or 3) passport.
- b. **Proof of Payment:** Provide copies of one or any of the following documents: 1) bank or credit card statements or 2) cancelled checks.

3. CERTIFICATION:

I declare under penalty of perjury that the foregoing is true and correct.

Signature: _____ Date: _____