



**3. SIGN AND DATE YOUR CLAIM FORM.**

I declare under penalty of perjury that the information provided above is true and correct to the best of my knowledge.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Month Day Year*

**4. MAIL YOUR CLAIM FORM.**

This Claim Form must be postmarked by **January 7, 2009** and mailed to:

Nitro Tire Fire Claims  
PO Box 4230  
Portland, OR 97208-4230