

EQUIFAX DATA BREACH SETTLEMENT

Your Claim Summary

Your Information

First Name	Joanne
Last Name	Whitehouse
Middle Initial	L
Alternative Name	
Mailing Address	4000 St Georges Rd - 104A
Apt No	
City	Ormond Beach
Country	United States of America
State	Florida
Zip Code	32174
Phone Number	(386) 677-3888
Email Address	joanne@tntsouth.com
Year of Birth	1946

Credit Monitoring: Free Service or Cash Payment

Option 1, Credit Monitoring: I want to receive free, three-bureau credit monitoring.

Cash Payment: Time Spent

No spent time

[Privacy - Terms](#)

Cash Payment: Money You Lost or Spent

No money lost or spent

Supporting Documents

No documents selected

Your Signature

Your claim will not be received by the Settlement Administrator until you click the submit button after your electronic signature. For security reasons, once you hit submit, you **will not** be able to make any changes to your claim form through this portal, however, you will still be able to go into the portal to upload supporting documentation if you haven't done so. If you later decide you need to change any of the information on your claim form, you will need to reach out to the Settlement Administrator directly.



I affirm under the laws of the United States that the information I have supplied in this claim form and any copies of documents that I am sending to support my claim are true and correct to the best of my knowledge.



I understand that I may be asked to provide more information by the Settlement Administrator before my claim is complete.

Joanne Whitehouse

Date August 1, 2019

SUCCESS 

Your claim form has been submitted successfully

Your claim number is: **PWJFE-B8KXY**

