

## WASHINGTON STATE MOTEL 6 PRIVACY VIOLATION CLAIM FORM

Complete this Claim Form to be eligible to receive payment from a settlement totaling \$12 million. Individuals who stayed at certain Motel 6 locations in the state of Washington between January 1, 2015 and September 17, 2017 are eligible to receive a payment from the settlement fund. You must answer the Eligibility Question below, by checking the box, to determine if you may submit a claim. The amount you could expect to receive will vary depending on the answer to the questions in Section 3 below. **This Claim Form must be submitted by December 31, 2019.**

For more information, please reference the website at [www.WashingtonMotel6Settlement.com](http://www.WashingtonMotel6Settlement.com), email [info@WashingtonMotel6Settlement.com](mailto:info@WashingtonMotel6Settlement.com) or call 1-877-307-7268 from inside the United States or 01-800-681-6519 from inside Mexico. Information is also available on the Washington State Attorney General's website at [www.atg.wa.gov/motel-6-settlement-claim-information](http://www.atg.wa.gov/motel-6-settlement-claim-information).

### Section 1: Eligibility Question & Location(s)

Did you stay at one of the Motel 6 locations indicated below during the period of January 1, 2015 and September 17, 2017?

Yes  No

**You may submit a claim only if you answered "Yes" to the Question above.**

If known, please mark the corresponding Motel 6 location(s) where you stayed anytime between January 1, 2015 to September 17, 2017.

- Motel 6 Everett North. 10006 Evergreen Way. Everett, WA 98204.
- Motel 6 Everett South. 224 128th Street SW. Everett, WA 98204.
- Motel 6 Seattle South. 20651 Military Road S. Seattle, WA 98198.
- Motel 6 Seattle Airport. 16500 Pacific Highway S. Seattle, WA 98188.
- Motel 6 Seattle Sea-Tac Airport South. 18900 47th Avenue S. Seattle, WA 98188.
- Motel 6 Tacoma South. 1811 S. 76th Street. Tacoma, WA 98408.
- January 29, 2017 to March 11, 2017 only** - Motel 6 Bellingham. 3701 Byron Ave. Bellingham, WA 98225.

### Section 2: Personal Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Province

\_\_\_\_\_  
Country

\_\_\_\_\_  
Telephone (cell/daytime) with Area Code/Country Code  
Please also indicate if using a WhatsApp Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Person to Contact and Phone/Email if there are Questions Regarding this Claim, if Different than Above

**Claims may be submitted by a third-party, but only the eligible claimant will be paid directly.**

QUESTIONS? EMAIL [info@WashingtonMotel6Settlement.com](mailto:info@WashingtonMotel6Settlement.com)

CALL 1-877-307-7268 (US) / 01-800-681-6519 (Mexico) / Message through WhatsApp 414-708-0437

**Section 3: Additional Information**

Please note whether any of the following events occurred during or after your stay at one of the Motel 6 locations listed in Section 1 above.

Were you contacted by the Department of Homeland Security (DHS) during or after your stay at the Motel 6?

Yes  No

Were you contacted by the Immigration and Customs Enforcement (ICE) during or after your stay at the Motel 6?

Yes  No

Were you contacted by any other agency regarding your immigration status during or after your stay at the Motel 6?

Yes  No

Were you arrested as a result of your immigration status during or after your stay at the Motel 6?

Yes  No

Were you detained by any government agency (such as Homeland Security (DHS), Customs Enforcement (ICE), or any other such agency) during or after your stay at the Motel 6?

Yes  No

Were you subject to removal proceedings after your stay at the Motel 6?

Yes  No

Were you deported after your stay at the Motel 6?

Yes  No

The claims administrator may follow up with you to discuss your claim, including the location and date(s) of your stay at the Motel 6, and the location and date(s) of contact by the government agency, if known. If you have additional documents, witnesses, or information that support your claim, you will have the opportunity to provide those to the claims administrators. Although not required, you may also provide additional information you would like to have considered in support of your claim below. You may attach additional pages as necessary.

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**Section 4: Acknowledgment and Verification**

**I declare, under the penalty of perjury under the laws of the State of Washington, that the information provided in this Claim Form is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Notice ID (if known, from mailing address)