

**RESTITUTION SIMON GIFTCARD CLAIM FORM**  
**Must be received before April 3, 2009**

*(Check all that apply to your restitution claim, and fill in the corresponding blank spaces.)*

**PLEASE PRINT OR TYPE**

Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Day time Telephone \_\_\_\_\_

Email \_\_\_\_\_

I further indicate and state the following:

I purchased a Simon Giftcard at the Crystal Mall during the period of August 16, 2003 through January 31, 2005 in the amount of \$\_\_\_\_\_

OR

I received a Simon a Simon Giftcard that was purchased at the Crystal Mall during the period of August 16, 2003 through January 31, 2005 in the amount of \$\_\_\_\_\_.

An administrative fee of \$ \_\_\_\_\_ per month was deducted from my Simon Giftcard for \_\_\_\_\_ months for a total of \$\_\_\_\_\_.

I did not receive any refund or reimbursement of these fees.

I hereby certify that the foregoing statements are true and accurate to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date \_\_\_\_\_