

# CONSENT TO JOIN COLLECTIVE ACTION

By signing and returning this consent form, I consent per the Court-authorized Notice to:

1. Join a lawsuit as a party plaintiff against LAZ Parking Ltd., LLC, and/or its related entities and individuals (collectively, "Defendant") in order to seek damages for alleged violations of the Fair Labor Standards Act, pursuant to 29 U.S.C. § 216(b); and
2. Designate Klafter Olsen & Lesser LLP and Head Law Firm LLC (the "Firms") to represent me in this case and designate the Representative Plaintiff as my agent to make decisions on my behalf. I understand that any such decisions and agreements made and entered into will be binding on me by joining the lawsuit.

Full Legal Name (Please PRINT clearly)

Signature

Date

**All information you provide below is for use by the lawyers in this case, and will not be filed with the Court**

Please print clearly in capital block letters using blue or black ink, one letter per box, as shown. A B C 1 2 3

MAILING ADDRESS (include Apt number, if applicable)

↳ [Grid for mailing address]

CITY

STATE

ZIP

↳ [Grid for city, state, zip]

CELL PHONE NUMBER

HOME PHONE NUMBER

↳ ( [Grid] ) [Grid] - [Grid]      ↳ ( [Grid] ) [Grid] - [Grid]

PERSONAL EMAIL ADDRESS (We will use this as our primary method to contact you.)

↳ [Grid for email address]

EMERGENCY CONTACT NAME (in case we lose contact with you)

↳ [Grid for emergency contact name]

EMERGENCY CONTACT PHONE NUMBER

↳ ( [Grid] ) [Grid] - [Grid]

If you have received a paper form of this notice and wish to electronically sign and submit the Consent to Join form online, you may do so at [www.lazparkingovertime.com](http://www.lazparkingovertime.com) using the following Notice ID and PIN.

Notice ID:

PIN:

**Do not mail/fax/email a paper Consent to Join form if you submitted one online. To mail/fax/email a Consent to Join, complete and sign this form and return it to the Notice Administrator by USPS First-Class mail postmarked no later than January 7, 2020, or by fax or email received no later than January 7, 2020. If your address changes, please notify the Administrator using one of these contact methods.**

*by USPS First-Class Mail*

*by Email*

*by Fax*

**LAZ PARKING OVERTIME  
NOTICE ADMINISTRATOR  
PO BOX 23680  
JACKSONVILLE, FL 32241-3680**

**[info@lazparkingovertime.com](mailto:info@lazparkingovertime.com)**

**(877) 430-1941**

**Administrator Use Only - Do not write below this line.**

322

Docket

Postmark

Received