

EQUIFAX DATA BREACH SETTLEMENT

Your Claim Summary

Your Information

First Name	Joseph
Last Name	Kodos
Middle Initial	
Alternative Name	
Mailing Address	26075 Clear
Apt No	
City	Harrison Township
Country	United States of America
State	Michigan
Zip Code	48045
Phone Number	(586) 612-2518
Email Address	joseph.kodos@gmail.com
Year of Birth	1991

Credit Monitoring: Free Service or Cash Payment

[Privacy](#) - [Terms](#)

☐ None Selected

Cash Payment: Time Spent

☐ No spent time

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.

Joseph Kodos

Date July 28, 2019

SUCCESS ✓

Your claim form has been submitted successfully
Your claim number is: **P7SXU-BDF3V**