

# CLAIM FORM

## The LP Decking & Railing Claims Program

**Fill Out This Form If You Are Making a Claim for LP Decking and/or Railing products manufactured by LP (Louisiana-Pacific Corporation).**

The LP Decking & Railing Claims Program only applies to Decking and Railing products manufactured by LP and sold under the brand names of LP, WeatherBest, ABTCO and Veranda manufactured at either the Meridian, Idaho or Selma, Alabama plants on or before October 29, 2007.

Under the Class Action Settlement approved by the Court, eligible claimants must complete and file this claim form to be eligible for compensation under the LP Decking & Railing Claims Program. You cannot be compensated unless you file a claim form. **The LP Decking and/or Railing must be available for inspection by the court-approved Independent Inspector. LP Decking and/or Railing that has been removed, replaced or is otherwise unavailable for inspection cannot be compensated for.**

**If you have LP Decking and/or Railing products manufactured by LP that are uninstalled and have never been installed please complete the attached Uninstalled LP Decking and/or Railing Product Claim Form. If you only have Uninstalled LP Decking and/or Railing this is the only form you need to complete.**

Please type or print your responses in ink and initial each page at the bottom, where indicated. We may ask for additional information if we need it to process your claim.

All claims filed will be processed on the basis of the information and documents required on this form. Once the claim form is properly completed, an on-site inspection of the LP Decking and/or Railing will take place. The average claims processing time from start to finish is 2 to 4 months.

Please review the contents of this claim form packet, which should include all of the following: (1) the claim form with instructions; (2) a Long Form Notice, and (3) a pre-addressed mailing envelope. Please refer to the Long Form Notice for further details.

Mail the completed claim form in the pre-addressed envelope. This packet should include: (1) the signed original claim form, (2) all required documentation, (3) proof of LP Decking and/or Railing, and (4) Proof of Damage (see instructions, paragraph F). Mail it to:

**LP Decking & Railing Claims Office  
805 SW Broadway Suite 1000  
Portland, OR 97205-3303**

**If you have questions, please call 1-888-325-1184, or visit the website at [www.lpdeckingclass.com](http://www.lpdeckingclass.com)**

**CLAIM FOR LP DECKING AND/OR RAILING**  
**Instructions Are Attached To This Claim Form**

**A. Claimant's Name, Mailing Address, Zip Code and Phone Number(s):**

Include ALL Claimant(s)/Co-owner(s) (See Paragraph A of the Instructions)

**Check the appropriate boxes:**

- I am the current owner of the home.     I am not the current owner of the home  
 Individual homeowner(s)                       Company ownership

Name of Property Owner OR Company Representative: \_\_\_\_\_  
First, Middle Initial, Last

Name of Co-Owner(s): \_\_\_\_\_  
(If Applicable) First, Middle Initial, Last

**Property Address:**

**Mailing Address (If Different):**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Daytime  
(\_\_\_\_\_) \_\_\_\_\_  
Mobile (if applicable)

(\_\_\_\_\_) \_\_\_\_\_  
Evening

**Mail Preference: I/We prefer to receive mail:**     Electronically                       At the mailing address listed above

**Primary e-mail address** \_\_\_\_\_

**B. Questions About Your Deck:** Check the box that applies to your structure:

(See Paragraph B of the Instructions)

Type of Decking and/or Railing:     WeatherBest     Veranda     ABTCO     LP

Number of Decks: \_\_\_\_\_    Number of Railing Systems: \_\_\_\_\_

**C. Proof of Property Ownership:**

(See Paragraph C of the Instructions)

I have included the attachment(s) described in Paragraph C of the Instructions.

**D. Proof of LP Decking and/or Railing:**

(See Paragraph D of the Instructions)

I have included the attachment(s) described in Paragraph D of the Instructions.

**E. Date of Installation:**

(See Paragraph E of the Instructions)

Please state the month/date of the decking and/or railing installation: \_\_\_\_\_ / \_\_\_\_\_  
Month                      Year

I have included the attachment(s) described in Paragraph E of the Instructions.

**Has any of the LP Decking or Railing been removed or replaced?**     No     Don't Know     Yes - If Yes, please explain,

including estimated linear feet of decking and/or railing replaced: \_\_\_\_\_

\_\_\_\_\_  
(The Decking and/or Railing must be available for inspection by the court-approved Independent Inspector. Decking and/or Railing that has been removed, replaced or is otherwise unavailable for inspection cannot be compensated.)

**F. Proof of Damage:**

(See Paragraph F of the Instructions)

I have included the attachment(s) described in Paragraph F of the Instructions.

**Describe the damage on your deck:** \_\_\_\_\_

I currently have or have had a broken deck board. If you check this box, please indicate location of broken board, and if it has been repaired: \_\_\_\_\_

My decking is currently experiencing severe deterioration and I have attached proof.

**G. Prior Claims:**

Check here if you previously made a claim to LP for Decking and/or Railing and follow Paragraph G of the Instructions. (See Paragraph G of the Instructions)

Claim#: \_\_\_\_\_    Date: \_\_\_\_\_    Amount of Payment: \_\_\_\_\_

**CLAIM FOR LP DECKING AND/OR RAILING**  
**Instructions Are Attached To This Claim Form**

**H. Other Payments or Compensation:**  
(See Paragraph H of the Instructions)

Payment Received: \_\_\_\_\_ Source of Payment Received: \_\_\_\_\_ Date: \_\_\_\_\_

**I. Tax Information:** (See Paragraph I of the Instructions)

Are you the FORMER owner of the property for which you have filed a claim? If you are the CURRENT property owner, mark "No".

- Yes
- No

Have you previously deducted on your federal income tax return(s) the original cost of installing the LP Product?

- Yes
- No

Have you previously deducted on your federal income tax return(s) the repair costs associated with the damaged LP Product?

- Yes
- No

**If you checked "Yes" to any of the above questions, please provide either the Social Security Number or the Taxpayer Identification Number for all owners in the spaces below. This information will remain confidential.**

\_\_\_\_\_  
Social Security Number OR \_\_\_\_\_  
Taxpayer Identification Number

\_\_\_\_\_  
Social Security Number OR \_\_\_\_\_  
Taxpayer Identification Number

**J. Directions to Property:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to be present for the inspection?  Yes (If you wish to be present, the inspector will call you to arrange a time.)  
 No – If No, please answer the following question:

Are there any obstacles (i.e. a locked gate or animal), which would prevent the inspector from freely inspecting all of the decks/railing on your property? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

**ALL CLAIMANTS MUST SIGN THE FOLLOWING OATH AND CERTIFICATION**

I/We certify under penalty or perjury that to the best of my knowledge, information and belief, the information on this claim for LP Decking and/or Railing (and additional sheets) is true and correct and that no claim has been previously made with respect to this LP Decking and/or Railing, except as noted. I agree to replace any Decking and/or Railing paid for as a result of this claim, or if I do not replace the LP Decking and/or Railing, I agree to disclose to anyone that I sell the property to about the existence of the Settlement Agreement and the amount of any payment I receive relating to this claim.

The Undersigned also agree(s) to cooperate with LP and the Claims Office in the review of this claim, including an inspection of the Property.

\_\_\_\_\_  
Signature of Property Owner Date Signature of Property Co-Owner Date

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

**CLAIM FOR LP DECKING AND/OR RAILING**  
**Instructions Are Attached To This Claim Form**

Uninstalled Decking and/or Railing Product Claim Form

**K. Please only complete this form if you have LP Decking and/or Railing products that are uninstalled and have never been installed.**

- Proof of Property Ownership: I have included the attachment(s) described in Paragraph C of the Instructions.
- Proof of Purchase Price: I have included the attachments described in Paragraph K of the Instructions.

Name of Property Owner: \_\_\_\_\_  
First, Middle Initial, Last

Name of Co-Owner(s): \_\_\_\_\_  
(If Applicable) First, Middle Initial, Last

Physical Address: \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Evening or Home Work  
(\_\_\_\_) \_\_\_\_\_  
Mobile (if applicable) Email (if applicable)

Type of LP Decking and/or Railing:  WeatherBest  Veranda  ABTCO  LP

Uninstalled Products:  Deck Boards  2x4 Railing/Stair Tread  2x2 Balusters  Post Sleeves  Post Caps  
(Please check all that apply)

Date Product Purchased: \_\_\_\_\_ Purchased From: \_\_\_\_\_

Are you the original purchaser of the product?: Yes \_\_\_\_\_ No \_\_\_\_\_

Detailed directions to the Property from nearest Interstate (Include road names, landmarks, North, South, Left, Right, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to be present for the inspection?

Yes (If you wish to be present, the inspector will call you to arrange a time.)

No – If No, please answer the following question: Are there any obstacles that would prevent an Inspector from inspecting the product freely (i.e. dogs, fence, locked gate, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", describe obstacle(s): \_\_\_\_\_

LP will arrange for pickup and removal of any uninstalled decking and/or railing products.

I/we certify under penalty of perjury that to the best of my/our knowledge, information, and belief, the information on this Uninstalled LP Decking and/or Railing Product Claim Form (and any additional sheets) is true and correct and that I/we own legal and beneficial title to the property and product and that no claim has been previously made with respect to this product, except as explained herein.

\_\_\_\_\_  
Signature of Property Owner Date

\_\_\_\_\_  
Signature of Property Co-Owner (If Applicable) Date

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

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