

California v. Vitol Settlement Administrator  
P.O. Box 301177  
Los Angeles, CA 90030-1137

VLC



VISIT THE SETTLEMENT WEBSITE BY  
SCANNING THE PROVIDED QR CODE

*The People of the State of  
California v. Vitol Inc., et al.*

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SAN FRANCISCO

Case No. CGC-20-584456

**Must Be Postmarked  
No Later Than  
January 8, 2025**

### Claim Form

A proposed settlement was reached in *The People of the State of California v. Vitol Inc., et al.*, Case No. CGC-20-584456. If you are a natural person residing in California and purchased gasoline at retail between February 20, 2015 and November 10, 2015 in any of ten Southern California counties, you may be entitled to payment. Please visit the settlement website at [www.CalGasLitigation.com](http://www.CalGasLitigation.com) to download a copy of the notice and other important documents. **You may also file your claim online at the settlement website.**

THIS CLAIM FORM MUST BE POSTMARKED OR SUBMITTED ELECTRONICALLY **NO LATER THAN January 8, 2025**. CLAIM FORMS MAY NOT BE SUBMITTED VIA EMAIL. IF SUBMITTING A CLAIM FORM BY MAIL, THE COMPLETED CLAIM FORM MUST BE SENT TO:

*California v. Vitol* Settlement Administrator  
P.O. Box 301177  
Los Angeles, CA 90030-1137

PLEASE COMPLETE THE FORM BY PROVIDING THE INFORMATION BELOW AND SIGN THE DECLARATION ON PAGE 2. The Settlement Administrator will use this information for all communications regarding this Claim Form and the settlement. If this information changes before payment is issued, you must notify the Settlement Administrator in writing at the address above.

<input type="text"/>			<input type="text"/>	<input type="text"/>		
First Name			M.I.	Last Name		
<input type="text"/>						
Primary Address						
<input type="text"/>						
Primary Address Continued						
<input type="text"/>				<input type="text"/>	<input type="text"/>	
City				State	ZIP Code	
<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	
Area Code	Telephone Number					
<input type="text"/>						
Email Address						



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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