



FOR OFFICIAL USE ONLY
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IMPRELIS® NOTICE OF INTENT TO FILE AN APPEAL

By submitting this Notice you are stating that you intend to file an Appeal with the Appeals Panel or desire to have the Appeals Panel hear any dispute that may arise from resolution of a future warranty claim.

This form serves as notice of your intent to file an appeal of either your Claim Resolution Agreement or the Notice of Warranty Resolution that you received through the Imprelis® Claim Resolution Process. This form may also serve as notice of your intent to use the Appeal Process for any warranty disputes that may arise in the future, rather than the arbitration process set forth in your Claim Resolution Agreement if you have already signed a Claim Resolution Agreement.

Please indicate whether you are filing a Notice of Intent to File an Appeal for: (check one or more)

- Claim Resolution Agreement
- Notice of Warranty Resolution
- Warranty Claims that May Arise in the Future (if any)

DuPont will have at least 30 days to attempt to resolve the issue you wish to appeal. If you have not heard from DuPont within 30 days of submitting this Notice of Intent to File an Appeal, your appeal will proceed without your calling DuPont. If you disagree with the resolution DuPont proposes, or if you remain in discussion with DuPont after 30 days, you may choose to have the Appeals Panel hear your appeal. To do so, you will need to notify DuPont at least 30 days after submitting this Notice, by calling 1-866-796-4783.

Meritless or Bad Faith Appeals are subject to fines: There is no cost to use the appeal process, and no penalty for an appeal submitted in good faith regardless of whether you win or lose. If after reviewing your appeal, the Appeals Panel determines that you submitted an appeal that is wholly without merit, you will be required to pay a \$75 fee. If they also find that you filed an appeal in bad faith, you will be required to pay a penalty.

*****This Notice must be postmarked within 30 days of the time you receive notice that the Settlement has become final or 30 days after receipt of your Claim Resolution Agreement or Notice of Warranty Resolution, whichever is later. If you do not file this Form in a timely manner, and the Settlement becomes final, you will be deemed to have accepted the compensation offered in your Claim Resolution Agreement or Notice of Warranty Resolution. For more information, go to www.TreeDamageSettlement.com*****

Claim Number (from your Claim Resolution Agreement): _____

Your Name: _____ Your Title (if on behalf of Business): _____

Property Address: _____

Has your address or contact information changed since you received your Claim Resolution Agreement? Yes No

If yes, provide your updated contact information below:

Address: _____ Address Line 2: _____

City: _____ State, Zip Code: _____

Main Phone: _____ Cell Phone: _____

Email Address: _____





Please provide the following (if this notice pertains only to warranty claims that may arise in the future, you do not need to provide this information now):

1. Attach any evidence (including photographs, arborist reports, invoices, digital pictures, etc.) that you believe supports your appeal, which you would like the Appeals Panel to consider.
2. Attach a short explanation of the basis for your appeal. If you are objecting to the value, rating, or care assigned to a specific tree, please be sure to reference that specific tree according to the tree number that was assigned to it on the Site Inspection Form attached to your Claim Resolution Agreement. If there are additional trees not listed in your Claim Resolution Agreement that you believe were damaged by Imprelis® and that you want the Appeals Panel to consider, provide detailed information and photographs about those trees and their condition.

****NOTE: The Appeals Panel will not order or conduct a revisit of your property. The Appeals Panel will only consider the evidence presented by the parties, including the site inspection form and photos, and any evidence you submit with this Form. If you do not provide sufficient supporting evidence, your appeal may be denied.****

Are you represented by a lawyer in connection with this Notice? Yes No

If yes, please provide your lawyer's contact information:

Law Firm: _____ Address: _____
 Lawyer Name: _____ Address Line 2: _____
 Phone Number: _____ City: _____
 Email Address: _____ State, Zip Code: _____, _____

Please sign and date below. If you are not the property owner, please identify your relationship to the property owner.

Signature: _____ Date: ____ / ____ / ____
 Relationship to Property Owner: _____

Please send your completed, signed notice of Intent to:

**Imprelis® Appeals
 P.O. Box 2964
 Faribault, MN 55021-2964**