

S F D C T

SETTLEMENT FACILITY DOW CORNING TRUST

P.O. Box 52429
HOUSTON, TEXAS 77052

TELEPHONE 713.874.6099
FAX 713.874.6093
info@sfdct.com

COPY REQUEST FORM			Please mail records to:	
Date of Request: _____			<input type="checkbox"/> Claimant <input type="checkbox"/> Claimant's Executor or Guardian	
			<input type="checkbox"/> Claimant's Attorney of Record	
Claimant's Last Name	First Name	Middle Initial	Proof of Claim Number	
_____	_____	_____	_____	
Claimant's Date of Birth _____			If U.S. Citizen, Social Security No. (Required)	
Address: _____ _____			_____	
Telephone No. _____			Do not write in this space:	
Attorney of Record/Firm Name: _____ _____			For Settlement Facility - Dow Corning Trust use only:	
Address: _____ _____			Request taken by _____	
Telephone Number: _____			Date of Request _____	
Name of Contact for this request: _____			Copy Completed By _____	
			Date mailed _____	
			Quality Check by _____	
			Return form to:	
			Settlement Facility - Dow Corning Trust	
			P.O. Box 52429	
			Houston, Texas 77052	
Claimant, Claimant's Court Authorized Executor or Court Authorized Guardian Signature: _____			Date _____	
Signature of Attorney of Record, if requested from Attorney: _____			Date _____	