

Intake #: \_\_\_\_\_

**INFORMATION REQUEST FORM**  
**POTENTIAL PELLA CLASS MEMBER INQUIRY**

Date: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

What model(s) of Pella windows are in your home? (mark all that apply)

\_\_\_\_\_ Pro-Line      \_\_\_\_\_ Designer      \_\_\_\_\_ Architect      \_\_\_\_\_ Unknown

In approximately what year were your windows installed? \_\_\_\_\_

Who Installed your Windows? \_\_\_\_\_

Do you have any documentation (invoice, work order, receipt) related to your Pella window purchase?

Yes \_\_\_ No \_\_\_

Have you previously replaced any Pella windows you contend were defective? Yes \_\_\_ No \_\_\_

Will you replace the defective Pella window(s) with another Pella product? Yes \_\_\_ No \_\_\_

What brand/model will/did you replace your Pella window(s) with? \_\_\_\_\_

Did you ever contact Pella to complain about a window you believed was defective? Yes \_\_\_ No \_\_\_

If yes, who did you contact? \_\_\_\_\_ Date of contact: \_\_\_\_\_

Have you received a letter/email/notice from Pella or any attorney? Yes \_\_\_ No \_\_\_

If yes, on what date did you receive the correspondence (approximate)? \_\_\_\_\_

Do you still have the correspondence? Yes \_\_\_ No \_\_\_

Any additional details you would like to make Clifford Law Offices aware of?:

**\*PLEASE RETAIN THE FOLLOWING:**

Any Pella windows you contend are defective; any letters/emails/notices concerning Pella Window Litigation; any documents that reflect your purchase/installation of Pella windows.

***Fax this form to Clifford Law Offices at 312-251-1160 or  
scan and e-mail to [PellaLawsuit@CliffordLaw.com](mailto:PellaLawsuit@CliffordLaw.com).***