

# L'ESPALIER GIFT CARD REIMBURSEMENT CLAIM FORM

Please fill out and submit this form with your original gift card to the address below by July 23, 2019. Retain a copy of the front and back of your gift card for your records.

Bianca K. Hoffman  
Office of Attorney General Maura Healey  
Consumer Advocacy and Response Division  
One Ashburton Place, 20<sup>th</sup> Floor  
Boston, MA 02108

Full name

Mailing address:

Phone #:

E-mail address:

Gift card number\*:

Estimated gift card balance:

Claimant signature:

Date:

By signing and submitting this form, I certify that I am the rightful owner of the gift certificate for which I am submitting a claim for reimbursement and that the information I have provided is true and correct to the best of my knowledge

\*If you are no longer in possession of your gift card but believe you are eligible to receive a reimbursement, please contact Bianca K. Hoffman at the Attorney General's Office at 617-963-2596.

