

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN RE RURAL METRO CORPORATION ) Consolidated  
STOCKHOLDERS LITIGATION ) C.A. No. 6350-VCL  
\_\_\_\_\_ )

**PROOF OF CLAIM**

Please complete the Proof of Claim form below if you were a record holder or beneficial owner of Rural/Metro Corporation ("Rural/Metro") common stock at the close of trading on June 30, 2011 (regardless of the date of purchase of Rural/Metro common stock), or acted for or on behalf of, or claiming under, any of them, and each of them, except for Rural/Metro, Christopher S. Shackelton, Michael P. DiMino, Eugene I. Davis, Earl P. Holland, Conrad A. Conrad, Henry G. Waller, Moelis & Company LLC, RBC Capital Markets LLC, Warburg Pincus, LLC and Coliseum Capital Management, LLC, and their associates, affiliates, legal representatives, heirs, successors in interest, transferees and assigns.

This Proof of Claim form must contain the name, address, and taxpayer identification number of the beneficial owner(s). The taxpayer identification number (TIN), consisting of a valid Social Security number (SSN) for individuals or employer identification number (EIN) for business entities, trusts, estates, etc., and telephone number of the beneficial owner(s) may be used in verifying this claim. This information is required.

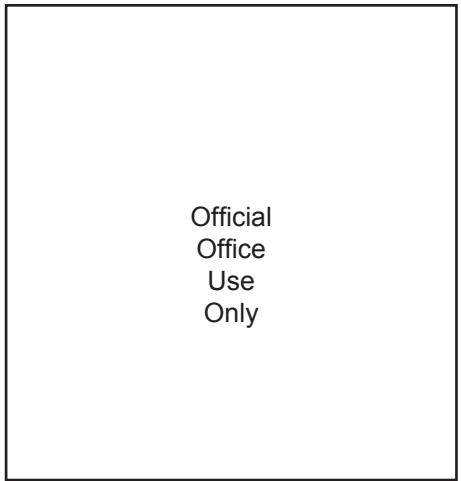
You must also provide the number of shares of Rural/Metro common stock and the stock certificate numbers if shares were held in certificate form. If shares were held through a brokerage account certificate, stock certificate numbers are not needed. You must sign the Proof of Claim form in the space provided in order to make a valid claim. Please also provide your brokerage statement for June 2011 or a letter from your bank, broker, or other nominee indicating the number of shares of Rural/Metro common stock held as of June 30, 2011, if you did not hold shares in certificate form. If you held shares in certificate form, please provide confirmation from the transfer agent of surrender.

Proof of Claim forms **must be postmarked no later than May 1, 2016** and mailed to:

*In re Rural/Metro Stockholders Litigation*  
Claims Administrator  
c/o Gilardi & Co. LLC  
P.O. Box 990  
Corte Madera, CA 94976-0990



Must Be Postmarked  
No Later Than  
May 1, 2016



Official  
Office  
Use  
Only

**RMO**

IN THE COURT OF CHANCERY  
OF THE STATE OF DELAWARE  
*IN RE RURAL/METRO CORPORATION  
STOCKHOLDERS LITIGATION*

Consolidated C.A. No. 6350-VCL

PROOF OF CLAIM

Please Type or Print in the Boxes Below  
Do NOT use Red Ink, Pencil, or Staples



**PART I: CLAIMANT IDENTIFICATION**

Last Name  M.I.  First Name

Last Name (Co-Beneficial Owner)  M.I.  First Name (Co-Beneficial Owner)

IRA  Joint Tenancy  Employee  Individual  Other \_\_\_\_\_ (specify)  
 Corporation  Estate  Trust  Partnership  Private Pension Fund

Company Name (Beneficial Owner - If Claimant is not an Individual) or Custodian Name if an IRA

Trustee/Asset Manager/Nominee/Record Owner's Name (If Different from Beneficial Owner Listed Above)

Account#/Fund# (Not Necessary for Individual Filers)  Trust/Other Date (If Applicable)  -  -

Social Security Number  -  -  Taxpayer Identification Number  -

Telephone Number (Primary Daytime)  -  -  Telephone Number (Alternate)  -  -

Email Address [An email address is not required, but if you provide it, you authorize the Claims Administrator to use it in providing you with information to this claim]

**MAILING INFORMATION**

Address

Address

City  State  Zip Code

Foreign Province  Foreign Postal Code  Foreign Country Name/Abbreviation

FOR CLAIMS PROCESSING ONLY | OB  | CB  |  ATP  BE  FL  OP  KE  DR  ME  RE  ICI  EM  ND  SH | MM / DD / YYYY | FOR CLAIMS PROCESSING ONLY



PART II. SCHEDULE OF HOLDINGS IN RURAL/METRO COMMON STOCK

HELD ON JUNE 30, 2011 BY BROKERAGE

A. State the number of shares of Rural/Metro common stock surrendered pursuant to the merger on June 30, 2011. Documentation includes brokerage statements from June 30, 2011 or proof of stock certificate surrender (see below for more details if your shares were held in certificate form):

Grid for entering the number of shares.

Proof Enclosed? Yes  No

STOCK CERTIFICATE NUMBERS (IF APPLICABLE)

B. List below the stock certificate numbers for all Rural/Metro common stock surrendered pursuant to the merger on June 30, 2011, for all shares NOT HELD IN A BROKERAGE ACCOUNT. Be sure to attach documentation of surrender such as a letter accompanying a payment for surrendered shares from the transfer agent or your broker:

CERTIFICATE 1:

Grid for entering certificate number 1.

Proof of Surrender Enclosed

Yes  No

CERTIFICATE 2:

Grid for entering certificate number 2.

Yes  No

CERTIFICATE 3:

Grid for entering certificate number 3.

Yes  No

CERTIFICATE 4:

Grid for entering certificate number 4.

Yes  No

CERTIFICATE 5:

Grid for entering certificate number 5.

Yes  No

CERTIFICATE 6:

Grid for entering certificate number 6.

Yes  No

PART III: CERTIFICATION

On behalf of myself (ourselves) or the beneficial owner, I (we) am (are) authorized to file this Proof of Claim.

By signing and submitting this Proof of Claim, the claimant(s) or the person(s) who represent(s) the claimant(s) certifies (certify) as follows:

- 1. that the claimant(s) is (are) a class member(s), as defined in the Notice, and is (are) not excluded from the Class;
2. that the claimant(s) owns(ed) the Rural/Metro common stock identified in the Proof of Claim and has (have) not assigned the claim to another, or that, in signing and submitting this Proof of Claim, the claimant(s) has (have) the authority to act on behalf of the owner(s) thereof;
3. that the claimant(s) has (have) not submitted any other claim covering the same purchases, acquisitions, sales, or holdings of Rural/Metro common stock and knows (know) of no other person having done so on his/her/its/their behalf;
4. that the claimant(s) submits (submit) to the jurisdiction of the Court with respect to his/her/its/their claim;
5. that I (we) agree to furnish such additional information with respect to this Proof of Claim as the Claims Administrator or the Court may require;
6. that I (we) acknowledge that the claimant(s) will be bound by and subject to the Order and Partial Final Judgment that was entered in the litigation; and
7. that I (we) certify that I am (we are) not subject to backup withholding under the provisions of Section 3406(a)(1)(c) of the Internal Revenue Code.

If you require additional space, attach extra schedules in the same format as above. Sign and print your name on each additional page.

YOU MUST READ AND SIGN THIS FORM ON PAGE 4. FAILURE TO SIGN THE FORM MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.



UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS FORM IS TRUE, CORRECT, AND COMPLETE AND THAT THE DOCUMENTS SUBMITTED HERewith ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_  
(Month/Year) (City/State/Country)

\_\_\_\_\_  
(Sign your name here)

\_\_\_\_\_  
(Sign your name here)

\_\_\_\_\_  
(Type or print your name here)

\_\_\_\_\_  
(Type or print your name here)

\_\_\_\_\_  
(Capacity of person(s) signing, e.g.,  
Beneficial Purchaser, Executor or Administrator)

\_\_\_\_\_  
(Capacity of person(s) signing, e.g.,  
Beneficial Purchaser, Executor or Administrator)

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.  
THANK YOU FOR YOUR PATIENCE.**

Reminder Checklist:

1. Please sign the above certification. If this Proof of Claim form is being submitted on behalf of joint claimants, then both must sign.
2. Remember to attach only copies of acceptable supporting documentation.
3. Please do not highlight any portion of the Proof of Claim form or any supporting documents.
4. Do not send original stock certificates or documentation. These items cannot be returned to you by the Claims Administrator.
5. Keep copies of the completed Proof of Claim form and documentation for your own records.
6. You will not receive confirmation of receipt of your Proof of Claim; if confirmation is desired, please send your Proof of Claim Certified Mail, Return Receipt requested.
7. If your address changes in the future, or if this Proof of Claim was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator.
8. If you have any questions or concerns regarding your Proof of Claim form, please contact the Claims Administrator at the address below or call 1-877-368-6933 or visit [www.ruralmetrolitigation.com](http://www.ruralmetrolitigation.com).

**THIS PROOF OF CLAIM MUST BE POSTMARKED NO LATER THAN MAY 1, 2016  
AND MUST BE MAILED TO:**

*In re Rural/Metro Stockholders Litigation*  
Claims Administrator  
c/o Gilardi & Co. LLC  
P.O. Box 990  
Corte Madera, CA 94976-0990

