

CLASS ACTION CLAIM FORM

You must fill out this form if you are an **Eligible Former Customer** or an **Excluded Current Customer**.

Eligible Former Customer means any individual or entity that is a member of one of the Classes who no longer has a water, wastewater, or solid waste disposal account with the City and who had an account with the City between February 2, 2015 and June 30, 2018.

Excluded Current Customer means any individual or entity that is a current City Public Works Department customer who paid franchise fees during the Claim Period (February 2, 2015, through June 30, 2018) and who did not receive a postcard notice from the Settlement Administrator informing them that they are Members of the Current Customer Class.

Eligible Class Members. Class Members are those individuals and entities who had water, wastewater, and/or solid waste disposal accounts with the City of Billings, at any time, during the Claim Period (February 2, 2015 through June 30, 2018).

Postcard. If you received a postcard from the Class Administrator, you have been identified as an Eligible Class Member. Class Members who are current water, wastewater, and/or solid waste disposal service customers will receive their share of the settlement in the form of a rebate on a future City Public Works bill, and do not need to file a Claim Form. This Claim Form is only for those: (a) who have not been identified as Eligible Class Members but who believe that they actually are Members of the Class; and (b) for Eligible Former Customers who are Class Members.

DO NOT FILL OUT THIS FORM IF YOU ARE A CURRENT CUSTOMER AND YOU RECEIVED A POSTCARD FROM THE CLAIMS ADMINISTRATOR TELLING YOU THAT YOU ARE A MEMBER OF THE CLASS. IF YOU ARE AN ELIGIBLE FORMER CUSTOMER OR AN EXCLUDED CURRENT CUSTOMER, YOU MUST FILE A CLAIM IN ORDER TO RECEIVE ANY PAYMENT PURSUANT TO THE SETTLEMENT.

You must mail this Claim Form with a postmark **NO LATER THAN AUGUST 31, 2023** if you want to receive money from the Claim Fund. If your Claim Form is not mailed by August 31, 2023, you still will be bound by the settlement, and you will not receive any money. **DO NOT DELAY.**

The information given in this Claim Form is private, and will be held in strictest confidence, except as needed by the Parties and the Settlement Administrator. If you have any questions about this lawsuit, call or write to us at:

City of Billings Settlement Administrator
PO Box 25199
Santa Ana, CA 92799
Telephone: (833) 513-0862

More information is available at: www.CityofBillingsFranchiseFeesSettlement.com

CUSTOMER INFORMATION

<u>First Name:</u>		<u>Last Name:</u>	
<u>Any other names on the account, including former names:</u>			
<u>Current Street Address:</u>			
<u>City:</u>	<u>State:</u>	<u>City:</u>	
<u>Email Address:</u>		<u>Phone Number:</u>	

I WISH TO MAKE A CLAIM, and I certify that I am entitled to a claim from the Claim Fund.
 TO MAKE A CLAIM YOU MUST COMPLETE **ONLY ONE** OF THE SECTIONS BELOW:

I am an Eligible Former Customer. I had an account with the City of Billings and paid for the services marked below between the dates of February 2, 2015 and June 30, 2018 at:

Former Service Address (1)*: _____

SERVICES YOU RECEIVED:	CIRCLE YES or NO:	
1. Water Service	YES	NO
2. Wastewater Service	YES	NO
3. Solid Waste Disposal Service	YES	NO

AND

I no longer have an account with the City of Billings.

OR

I am an Excluded Current Customer: I am a current customer of the City of Billings and I had an account with the City of Billings between the dates of February 2, 2015 and June 30, 2018 at:

Former Service Address (1)*: _____

SERVICES YOU RECEIVED:	CIRCLE YES or NO:	
1. Water Service	Yes	No
2. Wastewater Service	Yes	No
3. Solid Waste Disposal Service	Yes	No

* If you paid for services between February 2, 2015 and June 30, 2018 at multiple addresses, please separately list each address and the date you resided at the address on the **CLAIM FORM SUPPLEMENT** on the next page.

CLAIM FORM CERTIFICATION

By signing this form below, I am confirming that the above information is correct and that:

1. I am the person identified above.
2. I have not received money or compensation for any of the claims involved in this case.
3. I will abide by, and be limited to, the payment amount approved by the Court.
4. I will notify the Settlement Administrator if my address changes.

I declare under penalty of perjury that the information given above is true and correct.

<u>Signature of Account Holder:</u>
<u>Date Signed:</u>
<u>Printed Name:</u>

CLAIM FORM SUPPLEMENT

Please fill out this Supplement **ONLY** if you had accounts with the City of Billings at multiple service addresses between February 2, 2015 and June 30, 2018.

I had multiple accounts with the City of Billings and paid for City services at the following additional service addresses:

<u>Service Address (2):</u>	<u>Dates at Service Address (2):</u>
<u>Service Address (3):</u>	<u>Dates at Service Address (3):</u>
<u>Service Address (4):</u>	<u>Dates at Service Address (4):</u>
<u>Service Address (5):</u>	<u>Dates at Service Address (5):</u>