

GENERAL INSTRUCTIONS

1. **Authorized Claimant:** This Claim Form must be signed and verified by the claimant or a person authorized to act on behalf of the claimant.
2. **Third-Party Solicitors:** There are companies that may contact you and offer to help you file Claim Forms in exchange for a share of the money that you may ultimately recover or for other compensation. Please be advised that you do not need to pay any such company in order to file a Claim Form. Assistance is available from the Class Counsel at no cost to you.
3. **Submission of Claim:** This Claim Form may be submitted by first-class mail. It must be postmarked by **September 16, 2020** and addressed to:

**Beard St. Clair Gaffney PA
c/o Water User Class Action Settlement
2105 Coronado Street
Idaho Falls, Idaho 83404**

and

**City of Pocatello
Attn: Kirk Bybee
P.O. Box 4169
Pocatello, Idaho 83205**

If you fail to mail a timely, properly addressed Claim Form, your claim may be rejected and you may be precluded from any recovery.

4. **Completion of Claim Form:** Please type or neatly print all requested information. Failure to complete all parts of the Claim Form legibly may result in denial of the claim, may delay processing, or may otherwise adversely affect your claim.
5. **Verification:** Counsel is authorized to request from persons or entities submitting Claim Forms any documentation necessary to verify all information in the Claim Form or to prevent consideration of duplicate claims submitted by a class member. Failure to provide such information in response to such request may lead to rejection of your claim.
6. **Membership in the Settlement Class Classes:** All persons and entities who, between April 14, 2012 and April 14, 2014 paid user fees to the City of Pocatello that contained an PILOT component are a part of the Settlement Class unless electing to exclude themselves from the Settlement Class.
7. **Keep a Copy:** For your records, keep a photocopy of your completed Claim Form.
8. **Changes of Address:** Keep the Class Counsel advised of any change in your current mailing address.

PROOF OF CLAIM FORM

Your Claim Form must be postmarked or completed no later than September 16, 2020

This Claim Form relates to *Ricky G. & Logan D Robinson Hill-View Mobile Home Parks v. City of Pocatello, Civil Case No. 2014-1520-OC* pending in the District Court, Sixth Judicial District, State of Idaho, County of Bannock. In order to provide the amount of any payment to which you may be entitled from the Settlement reached in that case, the parties require a current mailing address and contact information. This Settlement is for the benefit of individuals or entities who paid user fees that include a "payment in lieu of taxes" (PILOT) component to the City of Pocatello from April 14, 2012 through April 14, 2014. This Claim Form is for users who paid user fees during the applicable time period, but who do not currently receive utility services from the City of Pocatello, to submit a claim and to receive the monetary benefit of the Settlement.

This Claim Form may be submitted by first-class mail to the addresses provided in **General Instruction No. 3** below.

SECTION A – Claimant Information

1. Name of person filing this Claim Form: _____
2. Title/Position (if applicable): _____
3. Name(s) and addresses(es) used from April 14, 2012 through April 14, 2014: _____

4. Telephone #: _____
5. Mailing Address: _____

B – Jurisdiction of the Court and Your Certification

I hereby certify under penalty of perjury that:

1. The information provided in this Claim Form is accurate and complete to the best of my knowledge, information and belief;
2. I am authorized to submit this Claim Form on behalf of the Claimant;
3. I am either (a) a member of the Settlement Class and did not request to be excluded from the Settlement Class or (b) the assignee or transferee of, or the successor to, the claim of a member of the Settlement Class and did not request to be excluded from the Settlement Class;
4. I am neither a Defendant, nor a parent, employee, subsidiary, affiliate or co-conspirator of a Defendant, nor an entity or individual excluded from the Settlement Class; and,
5. I have read and, by signing below, agree to all of the terms and conditions set forth in this Claim Form.

I declare under penalty of perjury under the laws of the State of Idaho that the information provided in this Claim Form is true and correct.

This Verification was executed on the _____ day of _____ in 20____ in _____ (city, state, country)

Signature

Title or Position (if applicable)

Print Name