Must be Postmarked No Later Than August 14, 2017







Claim Number:

Control Number:

PROOF OF CLAIM	
Class Member's Name:	
Current mailing address if different from above:	
City:	State: Zip Code:
	State: Eip Gode:
Daytime Telephone Number:	Evening Telephone Number:
Email Address (Email address is not required, but if you provide it you authorize the	Claims Administrator to use it in providing you with information relevant to this claim.)
You must enter service address here:	
City:	State: Zip Code:
List the period of time which you paid the Township of Waterford for water and sanitary sewage disposal services in order to participate in the settlement:	
Date Range: From	Through
By submitting this claim form, I certify that I paid the Township of Waterford for water and sanitary sewage disposal services	
between April 11, 2010 and May 31, 2017. Signature	Date:
Olymature	Jaic.