Must be Postmarked No Later Than August 14, 2017

Waterford Township Settlement
c/o GCG
PO Box 10432
Dublin, OH 43017-4032

WTD

Claim Number:

Control Number:

PROOF OF CLAIM

Class Member's Name:

Current mailing address if different from above:

City: **State:** **Zip Code:**

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:** / /

To view Garden City Group, LLC's Privacy Notice, please visit http://www.gardencitygroup.com/privacy