

CLAIM FORM

WASHINGTON TOWNHOMES V. WASHINGTON COUNTY WATER CONSERVANCY DISTRICT

(NOTE – the capitalized words in parentheses represent information that will be inserted into this form from a class member database prior to its being sent to the class member. Each form will include this information already – the class member will not need to provide it, but only to verify it.)

If you desire to assist the Class Administrator in making a claim, please complete and mail this form, to:

Class Action Administrator
Anderson Call & Wilkinson PC
PO Box 13295
Ogden, UT 84412

Property Owner/Payor: (NAME)

Property Parcel Number or Subdivision Name: (LEGAL DESCRIPTION)

Municipality: (CITY), Utah

The Class Administrator’s records indicate that you may be associated with the payment of impact fee(s) in the amount of:

\$(DOLLAR AMOUNT PAID)

If your name or property description as printed above is incorrect, please fill out any information which needs to be corrected below. The address you provide below will be the address we use to contact you with regard to any refund:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Telephone Number: _____

I declare under criminal penalty of the law of Utah, that on or about (DATE) I paid or incurred the costs of an impact fee to the Washington County Water Conservancy District in the amount of approximately (AMOUNT). The impact fees were paid to develop property located at (PARCEL NO. AND SUBDIVISION). I certify that all information submitted in connection with this claim is true, accurate, correct and complete to the best of my knowledge and belief.

On behalf of myself and/or the entity named below, I agree to participate with other members of the class of persons listed as class action plaintiffs in the case of Washington Townhomes, LLC et al. v. Washington County Water Conservancy District, Fifth Judicial District Case No. 130500465.

I understand that any recovery by class members depends upon court approval of the proposed settlement. I understand further that the class's attorney fees will be paid as a percentage of the proposed settlement; and, that no fees or costs will be assessed against the refund except as approved in advance by the Court.

Company Name, if Applicable: _____

Signed: _____ Date: _____

Printed Name: _____ Title, if Applicable: _____

NOTARIZATION

(Class administrator may require for larger refund amounts)

STATE OF UTAH)
) ss.
County of _____)

On this _____ day of _____, 202__, before me, a notary public, personally appeared _____ and _____, who proved to me through satisfactory evidence of identification to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity.

Notary Public

Printed Name: _____

Notary Public Number: _____

My Commission Expires: _____