

Your claim must be
postmarked by:
August 26, 2019

**Upright Builders et al. v. Town of Apex
Class Action Settlement Claim Form
Claim Form Instructions**

**APX
Claim Form**

Instructions for Completing the Enclosed Claim Form

If you believe you are a member of the Settlement Class who paid Capacity Fees, Capital Reimbursement Fees, System Development Fees, (“Impact Fees”) on or between March 23, 2015 and June 20, 2018 or Transportation Fees on or between April 9, 2015 and June 1, 2018 to the Town, and are seeking relief under this Settlement, then you must complete and return the enclosed Claim Form.

Your completed Claim Form must be mailed so it is postmarked no later than **August 26, 2019**. Mail your completed Claim Form to:

Upright Builders et al. v. Town of Apex Settlement
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

You can also submit a Claim Form online at www.ApexImpactFeeSettlement.com or send your completed Claim Form by email to info@ApexImpactFeeSettlement.com. Electronic and emailed Claim Form submissions must be received by August 26, 2019.

Please read the full Notice available at www.ApexImpactFeeSettlement.com before completing your Claim Form. If you have questions about this Claim Form, please contact the Settlement Administrator via email at info@ApexImpactFeeSettlement.com, or toll-free at 1-855-463-2690.

Sections A, B and C must be completed and supporting documentation submitted in order for this Claim Form to be valid.

ALL CLAIMS ARE SUBJECT TO VERIFICATION

PLEASE KEEP A COPY OF YOUR COMPLETED CLAIM FORM FOR YOUR RECORDS

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SECTION A: NAME AND CONTACT INFORMATION

Provide your name and contact information below. It is your responsibility to notify the Settlement Administrator of any changes to your contact information after the submission of your Claim Form.

Entity Name who paid Fees

Street Address

City

State

Zip Code

Email Address

Phone Number

List the address of the affected property below only if it is different from the contact information address provided above. If you are filing a claim for multiple addresses, please visit www.ApexImpactFeeSettlement.com, fill out the Claim Form Addendum, and submit it with this Claim Form.

Street Address

City

State

Zip Code

SECTION B: INFORMATION ABOUT FEES PAID DURING THE CLASS PERIOD

Provide Responses to all Questions below:

1.	Between March 23, 2015 and October 1, 2017, did you pay Capacity Fees, Capital Reimbursements Fees, or System Development Fees (also referred to as "Impact Fees") to the Town as a condition of building a structure in the planning jurisdiction of the Town?	Question 1: Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	If you answered "YES" to Question 1 above, list the amount of all Capacity Fees, Capital Reimbursement Fees, or System Development Fees paid to the Town. You must submit supporting evidence of the fees you paid to the Town during the Class Period.	Question 2: \$ _____
3.	Between October 1, 2017 and June 20, 2018, did you pay a Capacity Fees, Capital Reimbursements Fees, or System Development Fees , to the Town as a condition of building a structure in the planning jurisdiction of the Town?	Question 3: Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	If you answered "YES" to Question 3 above, list the amount of all Capacity Fees, Capital Reimbursements Fees, or System Development Fees paid. You must submit supporting evidence of the fees you paid to the Town during the Class Period.	Question 4: \$ _____

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5.	Between April 9, 2015 and June 1, 2018, did you pay Transportation Fees to the Town for impact to the existing transportation facilities within Town jurisdiction?	Question 5: Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	If you answered "YES" to Question 5 above, list the amount of all Transportation Fees paid to the Town. You must submit supporting evidence of the Transportation Fees you paid to the Town during the Class Period.	Question 6: \$ _____

SECTION C: CERTIFICATION STATEMENT FOR ENTIRE CLAIM FORM & NOTARIZATION

CERTIFICATION STATEMENT: I affirm that all information in this Claim Form and supporting documentation provided is true and accurate under penalty of perjury. I understand the Settlement Administrator may contact me to request further verification of information provided on this Claim Form.

Signature

Date

Print Name

NOTARIZATION REQUIREMENT: All record owners of the applicable property **must** personally sign a notarized Claim Form and all claims in excess of \$5,000.00 **must** be notarized.

Sworn to and subscribed before me, this the ____ day of ___, 201_.

Notary Public

My Commission Expires:

STATE OF _____

COUNTY OF _____

[NOTARY STAMP OR SEAL]