

Your claim must be  
postmarked by:

December 26, 2020

**Stier Construction Co., Inc. et al. vs. Town of  
Carolina Beach Class Action Settlement Claim Form**

**TCB  
Claim Form**

**Instructions for Completing the Enclosed Claim Form**

If you believe you are a member of the Settlement Class who paid Facility Fees to the Town on or between August 9, 2016 and June 30, 2018, and are seeking relief under this Settlement, then you must complete and return the enclosed Claim Form. **You do not need to submit any supporting evidence of proof of payment with your Claim Form.**

Your completed Claim Form must be mailed so it is postmarked no later than **December 26, 2020**. Mail your completed Claim Form to:

**Carolina Beach Facility Fee Settlement Administrator**  
1650 Arch Street, Suite 2210  
Philadelphia, PA 19103

You can also submit a claim form via email to [info@CarolinaBeachFacilityFeeSettlement.com](mailto:info@CarolinaBeachFacilityFeeSettlement.com). Claim Form submissions sent via email must be received by **December 26, 2020**.

Please read the full Notice available at [www.CarolinaBeachFacilityFeeSettlement.com](http://www.CarolinaBeachFacilityFeeSettlement.com) before completing your Claim Form. If you have questions about this Claim Form, please contact the Settlement Administrator via email at [info@CarolinaBeachFacilityFeeSettlement.com](mailto:info@CarolinaBeachFacilityFeeSettlement.com), or toll-free at 1-833-725-0815.

**Sections A, B and C must be completed 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**

Your claim must be postmarked by:  
December 26, 2020

**Carolina Beach Facility Fee Settlement Administrator**  
1650 Arch Street, Suite 2210  
Philadelphia, PA 19103

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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 or Individual who paid Facility Fees

Street Address

City

State

Zip Code

Email Address

Phone Number

- Check here and List the address of the affected property below if it is different from the contact information address provided above. If you are filing a claim for multiple addresses, please 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.	On or between August 9, 2016 and June 30, 2018 did you pay <b>Facility Fees</b> to the Town as a condition of building a structure in the planning jurisdiction of the Town?	<b>Question 1:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	If you answered "YES" to Question 1 above, list the amount of the <b>Facility Fees</b> paid to the Town. Your submission does not have to be completely correct to receive full payment of your claim. The Town will verify the correct amount in its records.	<b>Question 2:</b> \$ _____

**SECTION C: CERTIFICATION STATEMENT FOR ENTIRE CLAIM FORM**

**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

Title

Date