

**Your Claim Form
must be submitted
on or before
OCTOBER 7, 2021**

**Macomb Retail Center, LLC et al., v. City of Roseville
Class Action Settlement Claim Form
Claim Form Instructions**

**City of Roseville
Claim Form**

Instructions for Completing the Enclosed Claim Form

Note: If you have a current water and sewer billing account with City of Roseville and you wish to receive your pro rata share as a credit on your bill, you do not need to complete this form.

IN ORDER TO RECEIVE A CASH REFUND AS PART OF THIS CLASS ACTION SETTLEMENT, YOU ARE REQUIRED TO SUBMIT A WRITTEN CLAIM. IF YOU DO NOT HAVE A WATER AND SEWER BILLING ACCOUNT WITH THE CITY OF ROSEVILLE, YOU ARE NOT ELIGIBLE TO RECEIVE YOUR PRO RATA SHARE IN THE FORM OF A CREDIT. YOU MUST SUBMIT A WRITTEN CLAIM IN ORDER TO RECEIVE ANY PORTION OF THE SETTLEMENT FUND.

Please read the full Notice available at www.RosevilleStormwaterSettlement.com before completing your Claim Form. If you have questions about this Claim Form, please visit the website at www.RosevilleStormwaterSettlement.com, or contact the Claims Administrator via email at info@RosevilleStormwaterSettlement.com, or toll-free at 1-855-770-3995.

Your completed Claim Form must be submitted on or before **October 7, 2021**. Mail or email your completed Claim Form to:

City of Roseville Settlement Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103
info@RosevilleStormwaterSettlement.com

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

You can also submit a claim online at www.RosevilleStormwaterSettlement.com.

NOTE: If you received multiple Notices, each Notice is associated with a separate Account # and service address. Please submit a separate Claim Form for each Account # for which you paid the City of Roseville for water and/or sewer service.

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 (MAILING ADDRESS)

Provide your name and contact information below. The Claims Administrator will send your refund checks to your Mailing Address. It is your responsibility to notify the Claims Administrator of any changes to your contact information after the submission of your Claim Form.

First Name

Last Name

Street Address (Mailing Address)

City

State

Zip Code

Email Address

Phone Number

Water & Sewer Account Number

SECTION B: INFORMATION ABOUT WATER & SEWER CHARGES PAID DURING THE CLASS PERIOD

List the address of the affected property below only if it is different from the Mailing Address provided above. Please submit a separate Claim Form for each Property for which you paid the City of Roseville for water and/or sewer service.

Street Address (Water and Sewer Service Address)

City

State

Zip Code

Provide the period of time in which you paid stormwater charges to the City of Roseville:

From: ____ / ____ / ____ Through: ____ / ____ / ____

If there are gaps within the period of time in which you paid stormwater charges to the City of Roseville, please attach a sheet listing the additional date range(s).

PLEASE PROCEED TO THE NEXT PAGE TO SIGN AND COMPLETE YOUR CLAIM FORM

SECTION C: CERTIFICATION STATEMENT FOR ENTIRE CLAIM FORM

I affirm under penalty of perjury that all information in this Claim Form is true and accurate and by submitting this Claim Form, I certify that I paid the City of Roseville for water and/or sewer services between January 1, 2019, and June 30, 2021 (the "Class Period"). I understand the Claims Administrator may contact me to request further verification of information provided on this Claim Form.

Signature

Date