Your Claim Form must be received by the Settlement Administrator on or before August 26, 2026

Ajax Metal Processing, Inc. v. City of Detroit
Class Action Settlement Claim Form
Claim Form Instructions

City of Detroit Claim Form

Instructions for Completing the Enclosed Claim Form

Note: If you have a current water and sewer billing account with City of Detroit, you may not complete or submit this form. You will receive your pro rata share as a credit on your bill. If you received multiple Notices, each Notice is associated with a separate Account Number and service address. Please submit a separate Claim Form for each Account for which you paid the City of Detroit for water service and you no longer have a current water and/or sewer billing account.

IF YOU HAVE A CURRENT WATER BILLING ACCOUNT WITH THE CITY OF DETROIT, YOU MAY NOT COMPLETE OR SUBMIT THIS FORM. YOU WILL RECEIVE YOUR PRO RATA SHARE AS A CREDIT ON YOUR WATER BILL. IF YOU DO NOT HAVE A CURRENT WATER BILLING ACCOUNT, AND/OR HAD ACCOUNTS IN THE PAST THAT ARE NOW CLOSED, YOU ARE REQUIRED TO SUBMIT A WRITTEN CLAIM TO RECEIVE A CASH REFUND. YOU MAY SUBMIT A CLAIM USING THIS FORM OR ONLINE AT WWW.DETROITWATERSETTLEMENT.COM

Please read the full Notice available at www.DetroitWaterSettlement.com before completing your Claim Form. If you have questions about this Claim Form, please visit the website at www.DetroitWaterSettlement.com, or contact the Settlement Administrator via email at info@DetroitWaterSettlement.com, or toll-free at 1-844-443-0641.

Your completed Claim Form must be received by the Settlement Administrator on or before **August 26, 2026.** Mail your completed Claim Form to:

City of Detroit Water Settlement Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

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.DetroitWaterSettlement.com.

ALL CLAIMS ARE SUBJECT TO VERIFICATION

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

Your Claim Form must be received by the Settlement Administrator on or before August 26, 2026	**Ajax Metal Processing, Inc. v. City of Detroit Class Action Settlement Claim Form**	**City of Detroit Claim Form**

SECTION A: NAME AND CONTACT INFORMATION (MAILING ADDRESS)

Provide your name and contact information below. The Settlement Administrator will make the refund check payable to the name you provide below, and will send the check to your Mailing Address. It is your responsibility to notify the Settlement Administrator of any changes to your contact information after the submission of your Claim Form.

First Name | **Last Name or Business Name**

Mailing Address

City | **State** | **Zip Code**

Email Address | **Phone Number** | **Water & Sewer Account Number (if known)**

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

List the address of the affected service address below only if it is different from the Mailing Address provided above. Please submit a separate Claim Form for each Service Address for which you used an average of at least 1.0 MCF of water per month and paid or incurred charges for the City of Detroit between August 1, 2022 and May 31, 2026.

Water and Sewer Service Address

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

Period #1 **From:** __ __ / __ __ / __ __ __ __ **Through:** __ __ / __ __ / __ __ __ __

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

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 used an average of at least 1.0 MCF of water per month and paid or incurred charges from the City of Detroit at any time between August 1, 2022, and May 31, 2026 (the "Class Period"). I understand the Settlement Administrator may contact me to request further verification of information provided on this Claim Form.

Signature | Date

Please carefully review this entire form and make sure you filled out all fields.