

DECLARATION OF REAL PROPERTY OWNER/RENTER AND/OR BUSINESS OWNER FORM

INSTRUCTIONS FOR COMPLETION

INSTRUCTIONS FOR FILLING OUT FLINT WATER SETTLEMENT DECLARATION OF REAL PROPERTY OWNER/RENTER AND/OR BUSINESS OWNER FORM

- This form is for Claimants making a claim for Settlement Categories 28, 29 and/or 30 only and does not need to be completed by anyone only seeking a personal injury claim (Categories 1 through 27)
- Please read through form carefully.
- Some fields are required and will not let you proceed until you have completed that field.

QUESTION 1:

1. Please fill in YOUR name.

QUESTION 2:

1. Please fill in the address or the real property or business which is the subject of this claim.

QUESTION 3:

1. Please write in the name of the business if applicable.

QUESTION 4: TO BE COMPLETED IF YOU ARE SEEKING DAMAGES FOR CATEGORY 28.

1. Please write in the name of each owner or lessee for this property.
2. Please write in the name of their interest in the property.
3. Please write in the percentage of their ownership/interest in the property.
4. The percentages for all ownership/interest in the property must equal 100%.
5. Please write in the address for each person that has an ownership/interest in the property in the spaces provided.
6. Please write in the phone number and email address for each person that has an ownership/interest in the property in the spaces provided.

QUESTION 5: TO BE COMPLETED IF YOU ARE SEEKING DAMAGES FOR CATEGORIES 29 AND/OR 30.

1. Please write in the name of each owner or lessee for this property.
2. Please write in the name of their interest in the property.
3. Please write in the percentage of their ownership/interest in the property.
4. The percentages for all ownership/interest in the property must equal 100%.
5. Please write in the address for each person that has an ownership/interest in the property in the spaces provided.
6. Please write in the phone number and email address for each person that has an ownership/interest in the property in the spaces provided.

VERIFICATION and SIGNATURE:

If you are completing this form online you do not need to sign this form. The Signature Attestation Form that you will complete and sign via Doc-U-Sign will be used as your signature for this form.

If you are completing a paper version of this form you will need to sign and date.

BEFORE YOU HIT SUBMIT OR RETURN YOUR PACKET IN THE MAIL, PLEASE REMEMBER TO:

- COMPLETE ALL THE SECTIONS THAT ARE APPLICABLE TO YOU.
- IF YOU ARE SUBMITTING ONLINE, PLEASE UPLOAD/LINK YOUR TAX RETURNS TO THE MAIN CLAIM FORM NOT THIS FORM PRIOR TO HITTING SUBMIT.
- IF YOU ARE RETURNING BY MAIL – SIGN THE FORM
- IF YOU ARE SUBMITTING ONLINE YOU WILL NOT SIGN THIS FORM BUT WILL ONLY SIGN THE SIGNATURE ATTESTATION FORM. YOU CAN SUBMIT THIS FORM WITHOUT A SIGNATURE.