

II. INFORMATION ABOUT IWC CHARGES PAID DURING THE CLASS PERIOD

List the address of the affected property below only if it is different from the Mailing Address provide above. Please submit a separate Claim Form for each Property for which you paid or incurred IWC Charges imposed by the City and/or GLWA.

Street Address (IWC Charge Service Address):

[Grid for Street Address]

City: [Grid] State: [Grid] ZIP Code: [Grid]

Select the service address' water meter size and the period of time in which you paid IWC Charges to the City and/or GLWA.

Water Meter Size:

- 5/8 inch, 3/4 inch, 1 inch, 1-1/2 inch, 2 inch, 3 inch, 4 inch, 6 inch, 8 inch, 10 inch, 12 inch, 14 inch, 16 inch, 18 inch, 20 inch, 24 inch, 30 inch, 36 inch, 48 inch

From: [Grid] / [Grid] / [Grid] Through: [Grid] / [Grid] / [Grid]

If there are gaps within the period of time in which you paid IWC Charges to the City and/or GLWA, please attach a sheet listing the additional date range(s).

VI. 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 IWC Charges to the City of Detroit and/or GLWA (through a Member Community) between July 18, 2013 and June 30, 2023 (the "Class Period"). I understand that the Claims Administrator may contact me to request further verification of information provided on this Claim Form.

Print Name: [Grid]

Signature: [Large Box]

MM [Grid] DD [Grid] YY [Grid]

The Claims Administrator must receive this form on or before **January 24, 2024**. PLEASE KEEP A COPY OF YOUR CLAIM FORM AND PROOF OF SUBMISSION