

Your claim must be postmarked by:
September 17, 2019

**Shaheen v. City of Belmont
Class Action Settlement Claim Form Addendum**

**COB
Claim Form
Addendum**

CLAIM FORM ADDENDUM

Complete the fields below for additional Affected Properties you are claiming. Submit this page with your Claim Form.

Entity Name who paid Impact Fees or System Development Fees

Affected Property	Street	City	State	Zip	Impact Fees Paid	System Development Fees Paid
1					\$	\$
2					\$	\$
3					\$	\$
4					\$	\$
5					\$	\$
6					\$	\$
7					\$	\$
8					\$	\$
9					\$	\$