

**Your claim must be
postmarked by:
September 17, 2019**

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

**COB-W
Claim Form**

Instructions for Completing the Enclosed Claim Form

If you believe you are a member of the Settlement Class who paid Impact Fees and/or System Development Fees to the City on or between October 10, 2014 and June 30, 2018, and are seeking relief under this Settlement, then you must complete and return the enclosed Claim Form.

Your completed Claim Form must be mailed so it is postmarked no later than **September 17, 2019**. Mail your completed Claim Form to:

Shaheen v. City of Belmont Settlement
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

You can also submit a Claim Form online at www.BelmontSettlement.com or send your completed Claim Form by email to info@BelmontSettlement.com. Electronic and emailed Claim Form submissions must be received by **September 17, 2019**.

Please read the full Notice available at www.BelmontSettlement.com before completing your Claim Form. If you have questions about this Claim Form, please contact the Settlement Administrator via email at info@BelmontSettlement.com, or toll-free at 1-844-336-1274.

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

ALL CLAIMS ARE SUBJECT TO VERIFICATION

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

Your claim must be postmarked by:

September 17, 2019

Shaheen v. City of Belmont
1650 Arch Street, Suite 2210
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SECTION A: NAME AND CONTACT INFORMATION

Provide your name and contact information below. It is your responsibility to notify the Settlement Administrator of any changes to your contact information after the submission of your Claim Form.

Entity Name who paid Impact Fees or System Development Fees

Street Address

City

State

Zip Code

Email Address

Phone Number

- Check here and List the address of the affected property below if it is different from the contact information address provided above. If you are filing a claim for multiple addresses, please visit www.BelmontSettlement.com, fill out the Claim Form Addendum, and submit it with this Claim Form.

Street Address

City

State

Zip Code

SECTION B: INFORMATION ABOUT FEES PAID DURING THE CLASS PERIOD

Provide Responses to all Questions below:

- | | | |
|----|---|--|
| 1. | On or between October 10, 2014 and June 30, 2018 did you pay Impact Fees and/or System Development Fees to the City as a condition of building a structure in the planning jurisdiction of the City? | Question 1:
Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. | If you answered "YES" to Question 1 above, list the amount of the Impact Fees and/or System Development Fees paid to the City. | Question 2:
\$ _____ |

SECTION C: CERTIFICATION STATEMENT FOR ENTIRE CLAIM FORM

CERTIFICATION STATEMENT: I affirm that all information in this Claim Form and supporting documentation provided is true and accurate under penalty of perjury. I understand the Settlement Administrator may contact me to request further verification of information provided on this Claim Form.

Signature

Title

Date