Must be Postmarked No Later Than May 15, 2017

City of Royal Oak Settlement
c/o GCG
PO Box 10366
Dublin, OH 43017-5566

RYL

Claim Number:

Control Number:

PROOF OF CLAIM

Class Member's Name:

Street Address:

City:

State: **Zip Code:** **Country (if Other than U.S.):**

Daytime Telephone Number: - -

Evening Telephone Number: - -

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

List the period of time in which you paid the city of Royal Oak for water and sanitary sewage disposal services in order to participate in the settlement:

Date Range: From / / **Through** / /

By submitting this claim form, I certify that I paid the city of Royal Oak for water and sanitary sewage disposal services between February 14, 2008 and January 31, 2017.

Signature

Date: / /

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