

Staelgraeve v. Charter Township of Shelby  
P.O. Box 43501  
Providence, RI 02940-3501



**CWV**

**STAELGRAEVE V. CHARTER  
TOWNSHIP OF SHELBY**

Case No. 18-001775-CZ

**Must Be Received  
No Later Than  
November 16, 2020**

## Claim Form

### CLAIMANT INFORMATION

<input type="text"/>				<input type="text"/>	<input type="text"/>					
First Name				M.I.	Last Name					
<input type="text"/>										
Primary Address										
<input type="text"/>										
Primary Address Continued										
<input type="text"/>						<input type="text"/>	<input type="text"/>			
City						State	ZIP Code			

**YOU MUST ENTER THE SERVICE ADDRESS HERE:** (This is the address of the property that was billed for water and sanitary sewage disposal services charges.)

<input type="text"/>										
Primary Address										
<input type="text"/>										
Primary Address Continued										
<input type="text"/>						<input type="text"/>	<input type="text"/>			
City						State	ZIP Code			

**YOU MUST LIST THE PERIOD IN WHICH YOU PAID WATER & SEWAGE CHARGES IN ORDER TO PARTICIPATE IN THE SETTLEMENT.** Please submit a separate Claim Form for each property for which you paid.

Date Range From   /   /     Through   /   /



FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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By submitting this Claim Form, I swear or affirm under penalty of perjury that I am, or am an authorized agent of, the owner of a property who/which paid the Charter Township of Shelby for water and sewer service between January 1, 2013 and June 30, 2020.

Signature: \_\_\_\_\_ Dated (mm/dd/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_

Entity Name (if applicable): \_\_\_\_\_

Authorized Agent Name (if applicable): \_\_\_\_\_

Email address															
				—					—						
Area code				Telephone number (home)				Area code				Telephone number (work)			

