

**IN THE SUPERIOR COURT OF BROOKS COUNTY  
STATE OF GEORGIA**

**STEVEN SCHRECK,**

**Plaintiff,**

**v.**

**BROOK COUNTY,**

**Defendant.**

)  
)  
)  
)  
)  
)  
)  
)  
)  
)  
)

**CIVIL ACTION NO. 23-CV-00067**

**CLAIM FORM FOR CATEGORY 2 CLASS MEMBERS**

The Administrator in the above referenced class action Lawsuit has identified you as a Class Member no longer owning the property for which a refund for fire protection fees ("Fire Fees") is due. In order to receive your refund, you are required to complete the attached Claim Form.

You need to follow the directions on the attached Claim Form and mail it to the address indicated on the Claim Form. If you fail to follow the instructions on the Claim Form and do not submit it on or before the date provided on the Claim Form you will not receive your refund. Sending in a Claim Form late will be the same as failing to send in the required Claim Form.

Class Member Name \_\_\_\_\_

Property for which the Refund is Due \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Refund \_\_\_\_\_

**IN THE SUPERIOR COURT OF BROOKS COUNTY  
STATE OF GEORGIA**

**STEVEN SCHRECK,**

**Plaintiff,**

**v.**

**BROOKS COUNTY,**

**Defendant.**

)  
)  
)  
)  
)  
)  
)  
)  
)  
)  
)

**CIVIL ACTION NO. 23-CV-00067**

---

**CLAIM FORM FOR CATEGORY 2 CLASS MEMBERS**

You may be entitled to a refund of fire protection fees (“Fire Fees”) paid as a result of a resolution in the above referenced class action (the “Lawsuit”). Additional information about the Lawsuit and the resolution can be obtained by visiting [SchreckFireFeesSettlement.com](http://SchreckFireFeesSettlement.com) or by calling the Claims Administrator’s Office at (800) 345-0837.

You will need to complete this Claim Form and mail your completed and signed Claim Form **within forty-five (45) days from [ADMINISTRATOR FILLS IN DATE CLAIM FORM MAILED]** to:

**Terry D. Turner, Jr.  
Schreck Fire Fees Settlement Administrator  
501 Riverchase Parkway East  
Suite 100  
Hoover, Alabama 35244**

See Following Pages for Claim Form.

## **CLASS MEMBER IDENTIFICATION**

**Please Type or Print**

|  |
|--|
| <b>Name:</b>   |
| <b>Current Address:</b><br><br>Street Address: _____<br>_____<br><br>City: _____<br><br>State: _____<br><br>Zip Code: _____  |
| <b>Address where refund is to be mailed (if different from current address):</b><br><br>Street Address: _____<br>_____<br><br>City: _____<br><br>State: _____<br><br>Zip Code: _____ |
| <b>Area Code and Phone number (day):</b>   |
| <b>Area Code and Phone number (evening):</b>   |
| <b>Email:</b>  |

**If you need additional space, attach the required information on separate, numbered sheets in the same format as above and print your name at the top of each additional sheet.**

**CERTIFICATION**

**I/We certify that I/we formerly owned and paid Fire Fees for the property located at  
[ADMINISTRATOR FILLS IN THE PROPERTY ADDRESS].**

I/We declare and affirm under penalties of perjury that the foregoing information contained herein is true, correct and complete to the best of my/our knowledge, information and belief, and that this Claim Form was executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Signature of Joint Property Owner, if any

\_\_\_\_\_  
(Print your name here)

\_\_\_\_\_  
(Print your name here)