

STEVEN SCHRECK)
)
)
 Plaintiff,) CIVIL ACTION NO. 23-CV-00067
)
 v.)
)
 BROOKS COUNTY)
)
)
 Defendant.)

If you are not an owner of property for which a bill for fire protection fees (“Fire Fees”) was issued but paid such Fire Fees on behalf of an owner of property listed in the Initial Settlement Class Member List on the Settlement Webpage at **SchreckFireFeesSettlement.com** and wish to assert a claim for such amounts paid, you need to complete this Claim Form **within forty-five (45) days from the date of posting of the Individual Settlement Class Member List is posted on the Settlement Webpage.**

Terry D. Turner, Jr.
Gentle Turner & Benson, LLC
Schreck Fire Fees Settlement
501 Riverchase Parkway East
Suite 100
Hoover, Alabama 35244

The Administrator will review your Claim Form and respond to you with his findings. **You will have fifteen (15) days to object to the Administrator's findings.** Objections will be considered and ruled upon by the Special Master appointed by the Court. **The Special Master's ruling is final and binding.**

PERSONAL IDENTIFICATION

Please Type or Print

Name:
Current Address: Street Address: _____ _____ City: _____ State: _____ Zip Code: _____
Address or Parcel Number for which you believe a refund is owed: Street Address: _____ _____ City: _____ State: _____ Zip Code: _____ Parcel No.: _____
Area Code and Phone number (day):
Area Code and Phone number (evening):
Email:

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.

YEARS FOR WHICH YOU BELIEVE YOU ARE ENTITLED TO A REFUND

Please list all of the tax years for which you believe you are entitled to a refund:

_____.

SUPPORTING DOCUMENTATION

You may attach to this Claim Form any documentation that you believe supports your claim that you are entitled to a refund. Make sure each page of such documentation is clearly labeled with your name.

CERTIFICATION

**I/We certify that I/we paid Fire Fees for the property located at (fill in address of property for which you believe a refund is due)
on _____ (insert dates paid).**

I/We declare and affirm under penalties of perjury that the foregoing information contained herein and documents attached here to, if any, are 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)