

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

If you believe that 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 but your name is not listed as a Class Member on the Settlement Webpage at **SchreckFireFeesSettlement.com**, you need to complete this Claim Form **within forty-five (45) days from the date the individual refund calculations are posted on the Settlement Webpage.**

**Terry D. Turner, Jr.**  
**Schreck Fire Fees Settlement Administrator**  
**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 currently or formerly own(ed) and paid Fire Fees for the property located at (fill in address of property for which you believe a refund is due)**

\_\_\_\_\_.

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)