

Stephens v. Charter Township of Delta  
P.O. Box 43501  
Providence, RI 02940-3501



**C3N**

*STEPHENS V.*  
*CHARTER TOWNSHIP OF DELTA*  
STATE OF MICHIGAN  
EATON COUNTY CIRCUIT COURT  
Case No. 2019-919-CZ

**Must Be Received No Later Than January 7, 2021**

## 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		
<input type="text"/>				<input type="text"/>			<input type="text"/>		
Foreign Province				Foreign Postal Code			Foreign Country Name/Abbreviation		

**YOU MUST ENTER THE SERVICE ADDRESS HERE:** (This is the address of the property that paid Franchise Fees to Delta Township)

<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 FRANCHISE FEES 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 Franchise Fees to Delta Township (the "Township") through the payment to the LBWL for electric service ("Electric Service") at any time between January 1, 2018 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)					

**Please submit a separate Claim Form for each property for which you paid. Do not reuse this claim form for multiple properties. This form contains a unique identifying number and bar code that correspond to a particular property. If you wish to file a claim for another property, please file online or download a blank claim form from [www.deltatownshipsettlement.com](http://www.deltatownshipsettlement.com). Using this claim form for any property other than the service address printed on the form may cause difficulties in processing your claim.**

