

CLAIM FORM

Lopez-Burton, et. al. v. Town of Apple Valley
Case No. CIVDS1725027

**MUST BE POSTMARKED BY SEPTEMBER 23, 2019
AND SENT TO:**

**TOWN OF APPLE VALLEY TRASH SETTLEMENT
P.O. BOX 7208
ORANGE, CA 92863**

PERSONAL INFORMATION. Please legibly print or type the following information requested below. *This information will be used to deliver your refund check and communicate with you if any problems arise with your claim.*

Name (first, middle, and last): _____

Current Mailing Street Address: _____

City, State, and ZIP code: _____

Email Address: _____

Telephone Number: (_____) _____

Account Number (if known) _____

CONFIRMATION OF ELIGIBILITY FOR REFUND.

- I declare that I was a customer of the Town of Apple Valley's solid waste/recycling service between the dates of July 24, 2016 and September 23, 2019 and that I will no longer be a customer of Apple Valley's solid waste/recycling service as of September 23, 2019.

My service address where I received solid waste / recycling service was: _____

The Claims Administrator and/or the Town will verify your claim.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

Dated: _____

Signature: _____