

# CLAIM FORM

*Paul Betzner, et al., Individually and on Behalf of a Class of All Others Similarly Situated  
v. C.J. Mahan Construction Company, LLC, et al. Circuit Court of Prairie County, Arkansas, Case No. 59SCV-17-38*

To be eligible for a Claim Payment (as set forth in the Notice of Proposed Class Action Settlement), you must follow all of the instructions in this Claim Form and provide all of the information requested below. Your claim will be rejected if you fail to provide all of the requested information or fail to sign the form. Only one claim form may be submitted per claimant.

You must mail your completed Claim Form to the address listed below, postmarked **on or before February 15, 2022**. **CLAIM FORMS POSTMARKED AFTER THE DEADLINE WILL BE REJECTED.** Claim Forms submitted to any location other than to the address listed below will not be considered. ALL INFORMATION MUST BE PROVIDED. **IF YOU OWN MORE THAN ONE PROPERTY, YOU MUST COMPLETE A SEPARATE CLAIM FORM FOR EACH PROPERTY LOCATION. ADDITIONAL CLAIM FORMS MAY BE FOUND AT BISCOEWATERCLASSACTION.COM OR BY WRITING THE CLAIMS ADMINISTRATOR.**

## CLAIMANT NAME

(Do not leave any information blank)

### 1A. FOR INDIVIDUAL CLAIMANTS (Individual property owners):

\_\_\_\_\_  
Claimant's Full Name (First, Middle, Last)

\_\_\_\_\_  
Spouse's Full Name (First, Middle, Last)

\_\_\_\_\_  
Claimant's Date of Birth

\_\_\_\_\_  
Spouse's Date of Birth

\_\_\_\_\_  
Claimant's Social Security Number

\_\_\_\_\_  
Spouse's Social Security Number

\_\_\_\_\_  
Current Street Address and Number

\_\_\_\_\_  
Spouse's Street and Address Number

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Spouse's Telephone Number

### 1B: FOR ENTITY CLAIMANTS (Trusts, corporations, limited liability companies, partnerships and estate property owners) (Also refer to Part 6 Special Instructions for additional documents that must be provided with your claim):

\_\_\_\_\_  
Entity Claimant's Full Name

\_\_\_\_\_  
Your Full Name (First, Middle, Last)

\_\_\_\_\_  
Date of Formation

\_\_\_\_\_  
Your Title or Position With the Entity Claimant

\_\_\_\_\_  
Entity Claimant's Federal Tax ID Number

\_\_\_\_\_  
Current Street Address and Number

\_\_\_\_\_  
Current Street Address and Number

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Your Telephone Number

\_\_\_\_\_  
Entity Telephone Number

## STATEMENT OF QUALIFICATION TO MAKE CLAIM (Must Be Completed By Both Individual and Entity Claimants)

**2. FOR ALL CLAIMANTS: Please read, complete, and sign each following statement(s) that applies to you or the entity on behalf of which you are making the claim. By signing below, you certify the truth of each of the below statements under penalty of perjury.**

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- a. Between the dates of September 1, 2017, and September 6, 2017, I, or the above named entity, received water from the Biscoe Water System or the East Prairie County Water System.
- Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Between the dates of September 1, 2017, and September 6, 2017, I resided in a dwelling or other structure that received water from the Biscoe Water System or the East Prairie County Water System.
- Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Between the dates of September 1, 2017, and September 6, 2017, I, or an entity which I control or manage, was the record owner of property that received water from the Biscoe Water System or the East Prairie County Water System.
- Yes \_\_\_\_\_ No \_\_\_\_\_

3. **If you answered "Yes" to Question 2.a or 2.b and answered "No" to Question 2.c (in other words, you do not own the property in which you resided from September 1-6, 2017), you must provide proof of residence in the form of a lease agreement, utility bill, or other official document.**

### DECLARATION OF TRUTH

**(Failure to Sign and Provide All Information Will Void Your Claim)**

- 4A. **FOR INDIVIDUAL CLAIMANTS: If you are an individual claimant, sign below:**

I declare under penalty of perjury that the foregoing is true and correct.

Dated: \_\_\_\_\_

	Signature	Spouse's Signature
	Printed name	Printed Name

- 4B. **FOR ENTITY CLAIMANTS: If you are making a claim on behalf of an entity, sign below:**

I declare under penalty of perjury that the foregoing is true and correct.

Dated: \_\_\_\_\_

	Entity Name	Your Signature
	Your Title	Your Printed Name

5. **Mail your completed Claim Form(s) with required documents, if applicable, no later than the 15th day of February, 2022, to the following:**

John Neihouse. P.O. Box 1788, Fayetteville, Arkansas, 72702

**This address should only be used for submitting claims.** Any other questions or requests for information sent to this address will not be responded to. If you have any questions regarding the Notice or this Claim Form, contact the Settlement Administrator at 479-443-2705 or by email to [Biscoe@rmp.law](mailto:Biscoe@rmp.law). **Do not contact Defendants, Defendants' attorneys, or the Court.**

### 6. SPECIAL INSTRUCTIONS FOR ENTITY CLAIMANTS:

**A. For Estates:** If the record property owner, as of September 1-6, 2017, is now deceased, you must submit Letters Testamentary from the probate court or a File marked Affidavit of Heirship or Small Estate with your claim form.

**B. For Trusts:** If a trust owns your property, you must provide a copy of the Certificate of Trust with your claim form.

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**C. For Corporations, Partnerships, Limited Liability Companies or other entities:** you must submit articles of formation and a copy of the bylaws of the entity with your claim form.

### 7. OTHER SPECIAL INSTRUCTIONS:

**A. For Divorced or Pending Divorce Claimants:** If you and your spouse are currently involved in a divorce proceeding, or you were joint owners of property during September 1-6, 2017, and are now divorced, you must submit a file marked copy of your divorce decree or other official court pleadings that indicate you are currently involved in a divorce case.

**B. Legal Advice:** The Claims Administrator and Class Counsel do not render legal advice beyond what is required in this Claim Form Notice.

**C. Additional Documents.** The Claims Administrator may require additional documents to justify your claim.

**D. Final Decision Maker.** The Prairie County Circuit Court is the final arbiter of claims that are paid and those that are denied.