

**IN THE SUPERIOR COURT OF CHATHAM COUNTY  
STATE OF GEORGIA**

BOBBY BLACK,	)	
	)	
Plaintiff,	)	
	)	
v.	)	CIVIL ACTION NO. SPCV25-01358-ST
	)	
GARDEN CITY, GEORGIA,	)	
	)	
Defendant.	)	

**CLAIM FORM FOR MISSING CLASS MEMBER**

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 (the “**Lawsuit**”) but your name is not listed as a Class Member on the Settlement Webpage at: **[FILL IN URL OF SETTLEMENT WEBSITE]** 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.**

You will need to mail your completed and signed Claim Form to the Administrator at:

**Terry D. Turner, Jr.  
Gentle Turner & Benson, LLC  
Garden City Class Action 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**

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

**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 months 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) or rent(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/Customer

\_\_\_\_\_  
Signature of Joint Property Owner/Customer,  
if any

\_\_\_\_\_  
(Print your name here)

\_\_\_\_\_  
(Print your name here)