

IN THE SUPERIOR COURT OF WAYNE COUNTY
STATE OF GEORGIA

ALTAMAHA BLUFF, LLC, and)	
GRANT LEWIS,)	
)	
Plaintiff,)	CIVIL ACTION NO. 14CV0376
)	
v.)	
)	
JAMES "BOOT" THOMAS, JOHN)	
SHAVER, FRANKLIN SMITH, TIM)	
COCKFIELD, AND JERRY "SHAG")	
WRIGHT AS MEMBERS OF THE)	
WAYNE COUNTY BOARD OF)	
COMMISSIONERS, WAYNE COUNTY,)	
RICHARD GALLONI, MITCHELL)	
JENKINS, HARRY THOMPSON,)	
HOWELL CLEMENTS AND)	
JERRY E. GRIFFITH, THE WAYNE)	
COUNTY BOARD OF ASSESSORS,)	
AND AL SZOKE,)	
TAX COMMISSIONER OF)	
WAYNE COUNTY)	
)	
Defendants.)	

CLAIM FORM FOR MISSING CLASS MEMBER

If you believe that you may be entitled to a refund of ad valorem taxes paid because of a resolution in the above referenced class action (the "Lawsuit"), but your name is not listed as a Class Member on the Administrator's Settlement Webpage (<https://lmgriggers.com/wayne>) you need to complete this Claim Form **within forty-five (45) days from the Publication Date posted on the Administrator's Settlement Webpage.**

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

Larry Griggers, Administrator
Wayne County Class Action Settlement
121 Salem Drive
Lyons, GA 30436

The Administrator will review your Claim Form and respond to you with their 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:

Parcel Number and Address of property for which you believe a refund is owed:

Parcel No.: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Please list all the tax years for which you believe you are entitled to a refund:

Current Mailing Address:

Street Address: _____

City: _____

State: _____

Zip Code: _____

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.

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 and parcel number.

CERTIFICATION

I/We certify that I/we currently own or owned and paid ad valorem property taxes 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 hereto, 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)