

IN THE SUPERIOR COURT OF CHARLTON COUNTY
STATE OF GEORGIA

TOLEDO MANUFACTURING)
COMPANY, RAYONIER FOREST)
RESOURCES, L.P.,)
MARK TIMOTHY THRIFT, LISA)
ROSE THRIFT, LESLIE H. BLAIR)
AND MARY E.)
BLAIR)
Plaintiffs,) CIVIL ACTION NO. SUCV201900232
v.)
CHARLTON)
COUNTY)
Defendant.)

CLAIM FORM FOR CATEGORY 2 CLASS MEMBER

The Administrator in the above referenced class action “The Lawsuit” has identified you as having owning property upon which a tax refund is now due. However, the county tax records show you no longer own the property, and the Administrator cannot send you the refund until you complete the attached Claim Form providing him with your current address.

You need to fill out the information on the attached Claim Form and mail it to the Administrator at the address indicated below. If you fail to provide the information on the Claim Form and do not submit it on or before the deadline date provided on the Claim Form, which is sixty (60) days from the date of publication of the Category 2 Class Members on the Administrator’s website (<https://lmgriggers.com/charlton>), you will not receive your refund. Sending in a Claim Form late will be the same as failing to send in the required Claim Form.

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

Additional information may be obtained from the Charlton County Website:

<https://charltoncountyga.us/422/Tax-Refund-Case>

CLASS MEMBER IDENTIFICATION

Please Type or Print

Name:
Current Address: Street Address: _____ _____ City: _____ State: _____ Zip Code: _____
Address where refund is to be mailed (<i>if different from current address</i>): 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.

CERTIFICATION

I/We certify that I/we formerly owned and paid ad valorem property taxes for the property located at: (insert property address and parcel number)

Parcel #: _____

I/We declare and affirm under penalties of perjury that the foregoing information contained herein is 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)