

IN THE SUPERIOR COURT OF MCINTOSH COUNTY  
STATE OF GEORGIA

MARY A. BAILEY	)	
	)	
Plaintiff,	)	CIVIL ACTION NO. SUV2021000009
	)	
v.	)	
	)	
MCINTOSH COUNTY, GEORGIA	)	
	)	
Defendant.	)	

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**Category 2 Claim Form (Change of Address)**

If the Administrator in the above referenced class action lawsuit has identified you as having owning property upon which a tax refund is now due and included your name in the list published on his website (<https://www.lmgriggers.com/mcintosh>), you may complete the attached form to assert your claim the refund. Because the county tax records no longer show you own the property, the Administrator cannot send you the refund until you complete the attached Claim Form providing him with your current address.

Enter your name and the address you were using when you owned the property. Also, enter the parcel number(s) of the property you owned during the tax years 2016-2020:

Name: \_\_\_\_\_  
Address1: \_\_\_\_\_  
Address2: \_\_\_\_\_  
City, ST, ZC: \_\_\_\_\_  
  
Parcel # 1: \_\_\_\_\_  
Parcel # 2: \_\_\_\_\_

You need to fill out the information on the attached Claim Form and mail it to the address indicated below. If you fail to provide the information on the Claim Form and do not submit it on or before the February 3, 2023, deadline date provided on the Claim Form, which is sixty (60) days from the date of publication of the Category 2 Class Members as shown on the following website (<https://www.lmgriggers.com/mcintosh>), 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  
McIntosh County Tax Refund Settlement  
121 Salem Drive  
Lyons, GA 30436

**CLASS MEMBER CERTIFICATION OF NEW ADDRESS INFORMATION**

Parcel # 1: \_\_\_\_\_

Parcel # 2: \_\_\_\_\_

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: _____
Email: _____

**CERTIFICATION**

I/We certify that I/we formerly owned and paid ad valorem property taxes for the property whose parcel numbers are indicated above.

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)