

**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 CATEGORY 2 CLASS MEMBERS**

The Administrator in the above referenced class action Lawsuit has identified you as a Class Member who is no longer a customer of the Garden City Fire Protection Utility but for whom a refund for fire protection fees (“**Fire Fees**”) is due. In order to receive your refund, you are required to complete the attached Claim Form.

You need to follow the directions on the attached Claim Form and mail it to the address indicated on the Claim Form. If you fail to follow the instructions on the Claim Form and do not submit it on or before the date provided on the Claim Form 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.

Class Member Name \_\_\_\_\_

Property for which the Refund is Due \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Refund \_\_\_\_\_

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	)	
GARDEN CITY, GEORGIA,	)	
	)	
Defendant.	)	

**CLAIM FORM FOR CATEGORY 2 CLASS MEMBERS**

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**”). Additional information about the Lawsuit and the resolution can be obtained by visiting: **[INSERT URL OF WEBPAGE ON CITY SITE]** or by calling Class Counsel at (912) 638-5200.

You will need to complete this Claim Form and mail your completed and signed Claim Form **within sixty (60) days from [ADMINISTRATOR FILL IN DATE CLAIM FORM MAILED]** to:

**Terry D. Turner, Jr.  
Gentle Turner & Benson, LLC  
Garden City Class Action Settlement  
501 Riverchase Parkway East  
Suite 100  
Hoover, Alabama 35244**

**CLASS MEMBER IDENTIFICATION**

**Please Type or Print**

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

**CERTIFICATION**

I/We certify that I/we formerly owned or rented and paid Fire Fees for the property located at **ADMINSTRATORS FILL IN THE PROPERTY ADDRESS**.

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/Customer

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

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

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