

Johnson Utilities  
Settlement Administrator  
P.O. Box 43501  
Providence, RI 02940-3501



**G2C**

*Castillo, et al. v. Johnson, et al.*  
UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF ARIZONA  
No. 2:17-cv-04688-DLR (D. Ariz.)

**Must Be Postmarked  
No Later Than  
May 16, 2022**

## Claim Form

### CLAIMANT INFORMATION

First Name				M.I.	Last Name				
Primary Address									
Primary Address Continued									
City						State	ZIP Code		
Foreign Province			Foreign Postal Code			Foreign Country Name/Abbreviation			

**TO RECEIVE A CASH PAYMENT FROM THE SETTLEMENT FUND,  
YOU MUST COMPLETE THIS CLAIM FORM AND SUBMIT IT BY MAY 16, 2022.**

Important note: You must complete and submit this Claim Form by May 16, 2022 to receive payment. To complete the Claim Form, read the instructions below in Step 1; truthfully provide the requested information in Step 2; sign the certification in Step 3; and submit the Claim Form using one of the methods stated in Step 4.

Each Settlement Class Member is entitled to submit only one Claim Form. There can be only one claim made by each former Johnson Utilities account/household.

### STEP 1 – DIRECTIONS

In the spaces below, print your email address and telephone number.

**You are eligible to submit a claim if you were a Johnson Utilities customer between October 1, 2011 and December 14, 2021.** The settlement covers Johnson Utilities water, wastewater, residential and commercial accounts during that period.

### STEP 2—CLAIMANT INFORMATION

Email Address									
Telephone Number									



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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**STEP 3—CERTIFICATION**

I hereby certify that:

I was a Johnson Utilities customer between:

MM / DD / YYYY and MM / DD / YYYY

My Johnson utilities account was for (fill in all that apply):  Water  Wastewater, and I was (fill in one) a  residential customer or  commercial customer.

My address when I was a Johnson Utilities customer was:

Primary Address

Primary Address

Primary Address Continued

Primary Address Continued

City

City

State

State

ZIP Code

ZIP Code

*I certify that the above statement is true and correct, and that this is the only Claim Form that I have submitted or will submit as part of this settlement. I acknowledge, understand, and agree that I am eligible to submit only one Claim Form as part of this settlement. I understand that this Claim Form will be reviewed for authenticity and completeness and that, if my claim is validated, I may be contacted by the Settlement Administrator to provide additional information as necessary to process the payment due to me under this settlement.*

Signature: \_\_\_\_\_

Dated (mm/dd/yyyy): \_\_\_\_\_

Print Name: \_\_\_\_\_

**STEP 4—METHODS OF SUBMISSION**

Please submit this Claim Form by one of the following methods:

1. Online by visiting [www.JohnsonUtilitiesSettlement.com](http://www.JohnsonUtilitiesSettlement.com) and submitting an online Claim Form no later than midnight, U.S. Mountain Time on May 16, 2022.
2. By emailing this completed Claim Form to [info@JohnsonUtilitiesSettlement.com](mailto:info@JohnsonUtilitiesSettlement.com) no later than midnight, U.S. Mountain Time on May 16, 2022.
3. By mailing via U.S. mail this completed Claim Form to the Settlement Administrator, postmarked no later than May 16, 2022 and addressed to:

Johnson Utilities  
Settlement Administrator  
P.O. Box 43501  
Providence, RI 02940-3501

QUESTIONS? VISIT [WWW.JOHNSONUTILITIESSETTLEMENT.COM](http://WWW.JOHNSONUTILITIESSETTLEMENT.COM) OR CALL US AT 1-888-850-0258  
PARA UNA NOTIFICACIÓN EN ESPAÑOL, VISITAR NUESTRO WEBSITE

