

**Must be postmarked or
submitted online no later
than June 9, 2023**

ORANGE COUNTY OIL SPILL
SETTLEMENT
C/O JND LEGAL ADMINISTRATION
P.O. Box 91202
SEATTLE, WA 98111
www.OCOilSpillSettlement.com

Orange County Oil Spill Settlement Waterfront Tourism Class Claim Form

Every person or entity that fits the following description is a member of the Waterfront Tourism Class:

“Persons or entities in operation between October 2, 2021 and December 31, 2021 who:

(a) owned or worked on a sea vessel engaged in the business of ocean water tourism (including sport fishing, sea life observation, and leisure cruising) and accessed the water between the San Gabriel River and San Juan Creek in Dana Point; or

(b) owned businesses that offered surfing, paddle boarding, recreational fishing, and/or other beach or ocean equipment rentals and/or lessons or activities; sold food or beverages; sold fishing bait or equipment, swimwear or surfing apparel, and/or other retail goods; or provided visitor accommodations south of the San Gabriel River, north of the San Juan Creek, and west of:

- (1) Highway 1 in Seal Beach;
- (2) Orange Avenue and Pacific View Avenue in Huntington Beach; and
- (3) Highway 1 south of Huntington Beach.”

The Settlement Administrator will determine your eligibility for a settlement payment and the amount of the payment. You are required to submit proof of income and financial records to obtain a payment. Specifically, you are required to submit revenue statements, in whatever form they are kept in the normal course of business, from July 2021 through December 2021 for each business that seeks a settlement payment.

For more information and complete instructions, please review the **Plan of Distribution for the Waterfront Tourism Class**, available at www.OCOilSpillSettlement.com.

Claims must be submitted online or postmarked by mail no later than June 9, 2023. Use the address at the top of this form for mailed claims.

Please note that the Settlement Administrator may contact you to request additional documents to process your claim.

SECTION 1: CLAIMANT NAME AND CONTACT INFORMATION

We will use this information to contact you and process your Tourism Class claim. It will not be used for any other purpose. If any of the following information changes, you must promptly notify us by emailing info@OCOilSpillSettlement.com.

1. CLAIMANT NAME:	
2. ALTERNATIVE NAME(S) (IF ANY):	
3. MAILING ADDRESS:	Street Address Apt. No. City State Zip
4. PHONE NUMBERS:	(<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>) - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>) - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Area Code</small>
5. EMAIL ADDRESS:	
6. SSN, EIN, TAXPAYER ID OR FOREIGN ID NUMBER (IF NOT A U.S. CITIZEN):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. DATE OF BIRTH (IF APPLICABLE):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Month Day Year</small>
8. CLAIMANT ID NUMBER (FOUND ON THE UPPER LEFT HAND SIDE OF THE NOTICE YOU RECEIVED*)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

*If you did not receive a Notice containing a Claimant ID number, you may request one by contacting the Settlement Administrator.

Questions? Visit www.OCOilSpillSettlement.com or call 1-877-917-0133.
To view JND's privacy policy, please visit <https://www.jndla.com/privacy-policy>.

SECTION 2: ATTESTATION OF ECONOMIC IMPACT & DESCRIPTION OF LOSS (ALL CLAIMANTS MUST COMPLETE THIS SECTION)

To be eligible to receive a settlement payment, you must, on penalty of perjury, attest that you and/or your business(es) suffered economic harm because of the Spill and were in operation after the Spill, or would have been in operation but for the Spill. If you are claiming losses as a business, you must provide the Claims Administrator with copies of documents demonstrating revenue, in whatever form they are kept in the normal course of business (for example, QuickBooks sales reports, Point of Sale system reports, and/or quarterly Sales and Use Tax Returns filed with the State of California), for July 2021 through December 2021 for each business that seeks Recovery from this Settlement. If you are claiming losses as an individual, you must provide the Claims Administrator with copies of individual tax returns for 2021.

Those who have already received reimbursement and fully released all claims against Amplify through a prior individual settlement (for example through the OPA claims process) are not entitled to a Recovery from this Settlement. Amounts received as partial or interim payment, without a full release of claims, will be treated as an offset to Recovery from this Settlement.

Check box below to attest:

☐ **I attest that I have not executed a full release of all claims against Amplify as a result of receiving a prior individual settlement payment.**

Please describe how the Orange County Oil Spill impacted your individual and/or business income. If claiming as a business, please list the name of your business(es):

SECTION 3: SIGNATURE

I affirm, on penalty of perjury, that I am the person for which recovery is sought, that I am entitled to the Recovery requested, and that all of the information contained in this claim form is true and correct to the best of my knowledge.

I understand that I may be asked to provide more information to the Settlement Administrator before my claim is complete.

Signature:

Dated:

Print Name: