City of Miami Gardens v. City of North Miami Beach

CLAIM FORM

Case No. 18-042450-CA-01 (11)

Unique ID*: «Unique ID» PIN*: «PIN»

The City of Miami Gardens brought a lawsuit on behalf of all residents and entities in the City of Miami Gardens who received and paid a water bill for all or part of the period from May 22, 2017 to February 6, 2021 the "Class Period." Miami Gardens asserted that during the Class Period the City of North Miami Beach, which provides water to Miami Gardens consumers, improperly included a 25% surcharge in each bill. Surcharges before and after that date are not recoverable.

The lawsuit has been settled and all residents and entities in the City of Miami Gardens receiving and paying water bills during the Class Period are entitled to recover a substantial part of the surcharge that was paid. To be considered for recovery, a Claim placed in the US Mail must be postmarked on or before **January 12**, **2026**. Any claim that is not received by the Claim Administrator on or before 5PM on **January 12**, **2026** or postmarked on or before **January 12**, **2026** will be forfeited.

The Claim must be mailed or delivered to the Claims Administrator, Settlement Services, Inc. at:

Miami Gardens v N Miami Beach Claims Administrator c/o Settlement Services, Inc. PO Box 2715 Portland, OR 97208-2715 Toll-Free: (855) 783-6819

Email: claims@ssiclaims.com

Website: www.miamigardenswaterbillsettlement.com

It is not necessary for you to calculate the amount of your recovery. The Claim Administrator will have access to the records establishing how much consumers paid in surcharges during the Class Period.

If you have questions, visit <u>www.miamigardenswaterbillsettlement.com</u> or call **1-855-783-6819**.

THE CLAIM FORM MUST BE FULLY COMPLETED, SIGNED UNDER OATH, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

THIS CLAIM FORM MUST BE RECEIVED BY THE CLAIM ADMINISTRATOR NO LATER THAN 5 PM ON JANUARY 12, 2026 OR, IF PLACED IN THE US POSTAL SERVICE, POSTMARKED ON OR BEFORE JANUARY 12, 2026. FAILURE TO TIMELY SUBMIT THE CLAIM WILL FORFEIT THE CLAIM.

The Claim will be reviewed and verified by the Claim Administrator.

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MailID: «MailID»

YOUR INFORMATION		
Name:		
(First)	(Middle)	(Last)
Current Address:		
(City)	(State)	(ZIP Code)
Current Email addre	ss:	
Current Phone Numb	oer: ()	
If filing for a corpora	tion, partnership or legal e	ntity receiving and paying water bills
Name of corporation	or entity:	
Your position[s] in th	at entity (for example, own	er, officer):
•	• • •	
		ember Verification
	Gardens I paid one or m	of North Miami Beach's water utility located within ore water bills during all or part of the period from
☐ I confirm that I a behalf.	am authorized by	to submit this Claim on its
Class defined as "[a the City of Miami	a]ll customers of the City Gardens that were bille	ander penalty of perjury that I am a member of the of North Miami Beach's water utility located within d for water services and, in connection therewith, a ecovery on behalf of the entity identified above.
*******	*********	*********
Date:		
Time ivame.		
If you have questio	ns, you may call the Cl	laim Administrator at 1-855-783-6819.
To: Property Address:	«fname» «lname» «address» «address_2 «City», «State» «Zip «Country» «Flag 2»	
Unique ID*: PIN*: *To file a claim onl	«Unique ID» «PIN» line, you must enter the	e above Unique ID and PIN.

2 MailID: «MailID»