

**IN THE SUPERIOR COURT OF CHATHAM COUNTY
STATE OF GEORGIA**

OLD TOWN TROLLEY TOURS OF SAVANNAH, INC.)	
)	
Plaintiff,)	CIVIL ACTION NO. SPCV20-007667-MO
)	
v.)	
)	
THE MAYOR AND ALDERMEN OF THE CITY OF SAVANNAH)	
)	
)	
Defendants.)	

CLAIM FORM FOR TOUR PARTICIPANT CLASS MEMBER

If you were a participant on a sightseeing tour within the Historic District of Savannah who was charged for the Preservation Fee under Revenue Ordinance Article T, §3 by a tour operator and paid the Preservation Fee from August 28, 2015 through 2020 (“Tour Participant”) you may be entitled to a refund as a result of a resolution in the above referenced class action (the “Lawsuit”). You need to complete this Claim Form **within forty-five (45) days from the date the Presumption Refund List was posted on <https://www.savannahga.gov/PreservationFeeSettlement>** (the “Settlement Webpage”).

You will need to mail your completed and signed Claim Form to the Administrator at:

**Administrator Larry Griggers
121 Salem Drive
Lyons, GA 30436**

The Administrator will review your Claim Form and respond to you with his findings. Objections will be considered and ruled upon by the Special Master appointed by the Court. **The Special Master’s ruling is final and binding.**

IDENTIFICATION INFORMATION

Please Type or Print

Name:
Address: Street Address: _____ _____ City: _____ State: _____ Zip Code: _____
Area Code and Phone number (day):
Area Code and Phone number (evening):
Email:

SIGHTSEEING TOUR INFORMATION

Please Type or Print

Name of Sightseeing Tour Company who charged you the Preservation Fee:

Date of Sightseeing Tour:

Amount of Preservation Fee Charged:

NOTE:

You MUST attach a receipt or other documentation reflecting the Sightseeing Tour Company that charged you the Preservation Fee. The receipt or documentation must (1) indicate the amount of the Preservation Fee charged to you as a specific charge separate and apart from the charge for the sightseeing tour and (2) indicate that you paid the Preservation Fee.

Description of Document(s) Attached:

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 declare and affirm under penalties of perjury that the foregoing information contained herein and documents attached hereto, if any, are true, correct and complete to the best of my knowledge, information and belief, and that this Claim Form was executed this _____ day of _____, 20__.

Signature

(Print your name here)