

**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 MISSING TOUR OPERATOR CLASS MEMBER

If you were a sightseeing tour operator (“Tour Operator”) who operated within the Historic District of Savannah, Georgia and paid Preservation Fees under Revenue Ordinance Article T, §3 in any month from August 28, 2015 to 2020 and your name is not listed on the Presumption Refund List posted on <https://www.savannahga.gov/PreservationFeeSettlement> (the “Settlement Webpage”) and on VisitSavannah.com and believe that you may be entitled to a refund of Preservation Fees paid 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 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 of Sightseeing Tour Company:

Contact Name and Title:

Current Address:

Street Address: _____

City: _____

State: _____

Zip Code: _____

Prior Address (if any):

Street Address: _____

City: _____

State: _____

Zip Code: _____

Area Code and Phone number (day):

Area Code and Phone number (evening):
Email:
City Business Tax Number:
Georgia Sales Tax No.

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.

TAX YEARS FOR WHICH YOU BELIEVE YOU ARE ENTITLED TO A REFUND

Please list all of the tax years for which you believe you are entitled to a refund. If you believe that you are entitled to a refund for partial years, list out the months for which you paid the Preservation Fee:

_____.

SUPPORTING DOCUMENTATION

You may attach to this Claim Form any documentation that you believe supports your claim that you are entitled to a refund. Make sure each page of such documentation is clearly labeled with your name.

CERTIFICATION

I certify that _____ paid Preservation Fees under City of Savannah Revenue Ordinance Article T.§3.

I declare and affirm under penalties of perjury that the foregoing information contained herein and documents attached here to, 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

Title

(Print your name here)