

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

J. MATTHEW COLEMAN, IV)	
and ELIZABETH BLAIR COLEMAN,)	
)	
Plaintiffs,)	
)	
v.)	Civil Action No.: CE12-01785-063
)	
GLYNN COUNTY, GEORGIA,)	
)	
Defendant.)	

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

J. MATTHEW COLEMAN, IV and)	
ELIZABETH BLAIR COLEMAN,)	
)	
)	
Plaintiffs,)	
)	
v.)	Civil Action No: CE13-01480-063
)	
GLYNN COUNTY, GEORGIA)	
)	
Defendant.)	

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

J. MATTHEW COLEMAN, IV and)	
ELIZABETH BLAIR COLEMAN,)	
)	
)	
Plaintiffs,)	
)	
v.)	Civil Action No: CE14-00750-063
)	
GLYNN COUNTY, GEORGIA)	
)	
Defendant.)	

CLAIM FORM FOR MISSING CLASS MEMBER

If believe that you may be entitled to a refund of ad valorem taxes paid as a result of a resolution in the above referenced class actions (the “Lawsuits”) but your name is not listed as a Class Member on the Class Member Webpage at: <https://glynncounty.org/taxrefundcase>, you need to complete this Claim Form **within forty five (45) days from the date the individual refund calculations are posted on the Settlement Webpage.**

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

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

The Administrators will review your Claim Form and respond to you with their findings. **You will have fifteen (15) days to object to the Administrators’ 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.**

PERSONAL IDENTIFICATION

Please Type or Print

Name:
Current Address:
Street Address: _____ _____
City: _____
State: _____
Zip Code: _____

Address for which you believe a refund is owed (if different from current address):

Street Address: _____

City: _____

State: _____

Zip Code: _____

Area Code and Phone number (day):

Area Code and Phone number (evening):

Email:

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:

_____.

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/We certify that I/we currently or formerly own(ed), reside(d) and paid ad valorem property taxes for the property located at (fill in address of property for which you believe a refund is due) _____.

I/We 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/our knowledge, information and belief, and that this Claim Form was executed this _____ day of _____, 20__.

Signature of Property Owner

Signature of Joint Property Owner, if any

(Print your name here)

(Print your name here)