

**BOROUGH OF NATIONAL PARK WATER SETTLEMENT  
CLASS MEMBER CLAIM FORM**

*Which Class or Classes could I be eligible for?*

<b>Biomonitoring Class Member</b>	You are a Biomonitoring Class Member if you physically dwelled in the Borough of National Park, Gloucester County, New Jersey at any time from January 1, 2019 to February 28, 2024. The Biomonitoring Class includes minors.	If you are a Biomonitoring Class Member, you and your minor children are eligible for one blood test for PFAS during a 2-month period following entry of the Order and Final Judgment approving the Class Action Settlement (the “Biomonitoring Program”), which will be paid for by the Biomonitoring Class Fund, on a first-come, first-served basis.
<b>Property Class Member</b>	You are a Property Class Member if you owned a residential property in the Borough of National Park, Gloucester, County, New Jersey, during the period of January 1, 2019 to February 28, 2024, according to the most recent version of the Gloucester County tax assessment records.	If you are a Property Class Member, you are eligible for a monetary payment from an aggregate sum divided by the total number of properties within the Borough of National Park that are owned by Property Class Members, and multiplied, where applicable, for Property Class Members who own more than one property within the Borough of National Park. It is currently estimated that the foregoing computation will result in a payment of approximately \$100 for each property.
<b>Nuisance Class Member</b>	You are a Nuisance Class Member if you owned or had a leasehold interest in a residential property in the Borough of National Park, Gloucester County, New Jersey, during the period of January 1, 2019 to February 28, 2024, according to the most recent version of the Gloucester County tax assessment records.	If you are a Nuisance Class Member, you are eligible for a monetary payment from an aggregate sum divided by the sum of the total number of Parcels of Property and total number of leaseholders in National Park as determined by timely-submitted Claims Forms. It is currently estimated that Nuisance Class Members will receive a payment of approximately \$100.

PLEASE REVIEW BOTH PAGES OF THIS CLAIM FORM AND, IF NECESSARY, RETURN THE COMPLETED FORM TO THE ADDRESS LISTED FURTHER BELOW. YOUR CLAIM FORM **MUST BE POSTMARKED ON OR BEFORE MAY 27, 2024.**

**SECTION ONE**

Property Location-

**PLEASE READ** – *You do not need to complete Section One if: (a) you have been the sole owner of the property identified above since January 1, 2019; and (b) you have occupied that property at any time between January 1, 2019 and February 28, 2024. Please continue to Section Two.*

1. Were you a resident of National Park at any time between January 1, 2019 and February 28, 2024? Yes: \_\_\_ No: \_\_\_

2. Do you currently own the property identified above? Yes: \_\_\_ No: \_\_\_

3. If you answered “No” to #2, please identify the current owner of the property, if known: \_\_\_\_\_

4. If you answered “Yes” to #2, do you share an ownership interest in this property with anyone else? Yes: \_\_\_ No: \_\_\_

5. If you answered “Yes” to #4, please identify the individual(s) with whom you share an ownership interest in this property:

\_\_\_\_\_ Name

\_\_\_\_\_ Name

ATTACH ADDITIONAL PAGES IF NECESSARY

List any additional individuals who have previously owned this property between January 1, 2019 and February 28, 2024, and identify the duration of their ownership, if known:

\_\_\_\_\_ Name

\_\_\_\_\_ Duration of ownership

ATTACH ADDITIONAL PAGES IF NECESSARY.

**SECTION TWO**

**PLEASE READ** - *If you answer "No" to #1 below, you do not need to complete Section Two.*

**1.** Do you currently lease any residential property that you own in the Borough of National Park, including your current residence, to someone who pays you rent? Yes: \_\_\_\_ No: \_\_\_\_

**2.** *If you answered "Yes" to #1, what is the address of that property?* \_\_\_\_\_

Please identify the individual(s) to whom you currently lease your property or have leased your property between January 1, 2019 and February 28, 2024, and identify the duration of the lease:

\_\_\_\_\_  
Name Duration of lease

\_\_\_\_\_  
Name Duration of lease

ATTACH ADDITIONAL PAGES IF NECESSARY.

**!! YOU DO NOT NEED TO RETURN THIS CLAIM FORM IF:**

- (1) You did not need to complete Section One; and**
- (2) You did not need to complete Section Two.**

**CLAIMANT INFORMATION**

**I. Name and Address Information - Please provide your name and current home address below.**

Claimant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**II. Phone and Email Contact Information – Please provide your phone numbers and email address below**

Preferred Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**CERTIFICATION AND CLAIMANT SIGNATURE**

***By executing this Claim Form I certify, under penalty of law, that the information provided in this Claim Form is true and correct.***

\_\_\_\_\_  
*Claimant Name (Print)*                      *Claimant Signature*                      *Date*

**Please return your completed Claim Form Postmarked on or before May 27, 2024**