

**Your claim must  
be submitted or  
postmarked by:  
October 15, 2018**

**In Re: Outer Banks Power Outage Litigation**

**Case No. Case No. 4:17-CV-141-D (E.D. NC.)**

**HATTERAS ISLAND AND OCRACOKE ISLAND RESIDENT  
PROOF OF CLAIM FORM**

**OBX  
RES**

**THE DEADLINE FOR SUBMITTING THIS PROOF OF CLAIM FORM IS OCTOBER 15, 2018. ONLY ONE PROOF OF CLAIM FORM MAY BE SUBMITTED PER RESIDENT. FILL IN ALL BLANKS AND TYPE OR PRINT LEGIBLY.**

<b><u>Part I. Identification of Your Address as of July 27, 2017:</u></b>	
<i>Street Address, City, State, Zip Code</i>	
<b><u>Part II. Your Identification Information:</u></b>	
<i>Name of Claimant Completing This Form</i>	<i>Current mailing address to which all future correspondence should be addresses including address for mailing payment (including city, state and zip code)</i>
<input type="checkbox"/> Check this box if you wish to receive all correspondence regarding your claim via email	<i>Email address for all correspondence regarding your claim</i>
<i>Date of Birth of Claimant Completing This Form (mm/dd/yyyy)</i>	<i>Last four digits of Social Security Number of Claimant Completing This Form</i>
<i>Current Telephone Number of Claimant Completing This Form (including area code)</i>	
<b><u>Part III. Do You Qualify as a Class Member:</u></b>	
<i>In order to qualify for payment as a member of the Resident Class, you must have been a resident of Ocracoke Island or Hatteras Island and suffered financial or economic losses due to the Incident. In addition, you must not have previously received reimbursement for the losses you incurred as a result of the Incident.</i>	
<b>Did you suffer financial or economic loss as a result of vacationers evacuating your rental property or as a result of vacationers cancelling a vacation rental? Yes_____ No_____</b>	
<b>Did you suffer financial or economic loss as a result of not being paid wages during the power outage? Yes_____ No_____</b>	

Please describe and itemize your economic or financial losses due to the Incident. (Please attach any additional pages detailing your losses due to the Incident).

Description of economic or financial loss	Value in \$

**Part IV. Documentation:**

Please identify any documents that you contend support your economic losses and attach copies of these documents with your claim form submittal. This may include proof of residency, proof of employment, proof of lost wages, and/or other documentation reflecting your losses as a result of the Incident.

**Part V. Identity of Claimant**

The person signing this Form must attach proof of his or her personal identity, such as a copy of: 1) your driver's license; 2) your picture Identity Card and/or 3) your U.S. Passport.

**Pursuant to 28 U.S.C. §1746, I hereby certify, under penalty of perjury, that I am duly authorized to make this Proof of Claim on behalf of the Individual listed above, and that all of the information contained herein, as well as all attached documents and supporting explanation, if any, is true and correct. By signing this Proof of Claim Form, the undersigned hereby releases all Released Claims against the Released Parties as defined in the Settlement Agreement.**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature**

You must send this form, and documents or proof, if any, by U.S. Mail, online submission (at [www.obxsettlement.com](http://www.obxsettlement.com)), or email ([PCL.OuterBanks@us.crawco.com](mailto:PCL.OuterBanks@us.crawco.com)), no later than OCTOBER 15, 2018 (if submitting by U.S. Mail, the submission must be postmarked by OCTOBER 15, 2018) to:

<b>Mail</b>	<b>Express Mail</b>
PCL Outer Banks Claim Team c/o GCG P.O. Box 10481 Dublin, OH 43017-4081	PCL Outer Banks Claim Team c/o GCG 5151 Blazer Parkway, Suite A Dublin, OH 43017