

LADWP Billing Settlement Administrator
P.O. Box 43449
Providence, RI 02940-3449



JCLA1

Must Be Postmarked
No Later Than
June 5, 2017



Jones v. City of Los Angeles
County Superior Court
Case No. BC577267

CLAIM FORM AND SETTLEMENT DECLARATION

This Claim is for: LADWP Account No:

Any changes to contact information that you provide to the Claims Administrator on this Claim Form will not change your contact information on file with the LADWP.

CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

I. GENERAL INSTRUCTIONS

A class action lawsuit was filed in the Superior Court of the State of California, County of Los Angeles, captioned *Jones v. City of Los Angeles*, Case No. BC577267, which alleges that customers of the Los Angeles Department of Water and Power (the "LADWP") were over-billed or experienced other billing errors that were caused by, and are related to, the defective implementation of the LADWP's new billing system, or incurred damages as a result of participating in the LADWP's solar incentive program. To settle the lawsuit, the LADWP has agreed to reimburse customers for 100% of the amount(s) that they were over-billed or damaged.

If you received a letter indicating that you are due a credit or refund and are satisfied with the amount identified, no further action is required. The refund will be automatically issued by the LADWP after the Settlement has final approval.

If (1) you are not satisfied with the amount of the refund identified on the letter, or (2) you did not receive a letter identifying an amount the LADWP determined it owes you, and you believe that the LADWP owes you money, you must complete this form. **Please complete each Section and provide documentation requested in Section IV.**



FOR CLAIMS PROCESSING ONLY	LN <input type="text"/>	KP <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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This Claim Form may be submitted by regular U.S. Mail to:

LADWP Billing Settlement Claims Administrator
P.O. Box 43449
Providence, RI 02940-3449

This Claim Form may also be submitted electronically at www.ladwpbillingsettlement.com.

Claim Forms must be postmarked or electronically submitted by June 5, 2017

II. CLAIM CATEGORY

Time Period covered for claims: This Claim Form covers only the period from September 3, 2013 to December 30, 2016 for all claims except those related to solar. Solar claims are covered for the period from February 13, 2010 to December 30, 2016.

Please check all claim categories that may apply to you for compensation and provide the information requested, if applicable. Failure to provide the requested information and supporting documentation may result in your claim being denied. All claimants should complete sections III-VII in order to have your claim processed.

- A. Automatic Bill Payment/Bank Overdraft Charge.** (To be eligible for this Claim Category, you must have received a letter stating you are a member of this subclass.) My account was overdrawn when the LADWP overcharged me through auto-pay.
- B. Premise Condition/Estimated Bill.** (To be eligible for this Claim Category, you must have received a letter stating you are a member of this subclass.) I had a water leak or electrical grounding loss that I was unaware of because the LADWP sent me estimated bills or bills with the wrong usage amounts.
This claim relates to: Water Electric
- C. Service Work Claims.** Please select all that apply and provide the requested information.
- The LADWP field investigation took too long and I suffered losses or damage.
 - The LADWP failed to conduct field maintenance and I suffered losses or damage.
 - My meter was broken or unreadable, and I suffered losses or damage.
 - The LADWP disconnected my service due to a mistake the LADWP made and I suffered losses or damage.
- My service work claim relates to service for:
 Water Electric Sewer Solid Waste Solar Incentive Program
- D. Damages beyond refund amounts identified in your letter.** (To be eligible for this Claim Category, you must have received a letter identifying a specific amount of refund you will receive.) The LADWP overbilled me and I suffered additional damages and losses beyond those identified in the letter.
The LADWP overbilled me for services for:
 Water Electric Sewer Solid Waste Solar Incentive Program
Please specify basis for claim:
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- E. Other claims.** I believe I have been damaged because of an LADWP error, not listed above.
 My claim pertains to services for: Water Electric Sewer Solid Waste Solar Incentive Program
 Please specify basis for claim:
-
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III. SERVICE ADDRESS CONFIRMATION

- My claim is based on Service provided at the address which is the same as the pre-printed mailing address on this Claim Form.
- My claim is based on Service provided at the address below (different from my mailing address)

Service Address:

City	State	Zip Code

- I intend to file an additional claim based upon Service provided at another address for this account and will complete a separate Claim Form for this claim.

IV. DATE AND AMOUNT OF DAMAGE OR LOSS

Please specify the damages or losses that you believe you have incurred. (These damages or losses can relate to overbilling, incorrect fees, unrefunded balances and also can include: repair costs; service costs (e.g., the cost of a plumber or repair person); finance, interest, or overdraft charges imposed by a third-party; costs related to erroneous disconnection; reconnection fees; loss of perishable items; damage to personal property; loss of wages or business income; or other losses not listed here). In the date field, please specify applicable date of repair, loss, or bill.

Claim Category from A-E above	<input type="checkbox"/>	Damage Type:	<input style="width: 95%;" type="text"/>
Amount \$	<input style="width: 50%;" type="text"/>	Date	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 60%;" type="text"/>

Claim Category from A-E above	<input type="checkbox"/>	Damage Type:	<input style="width: 95%;" type="text"/>
Amount \$	<input style="width: 50%;" type="text"/>	Date	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 60%;" type="text"/>

Claim Category from A-E above	<input type="checkbox"/>	Damage Type:	<input style="width: 95%;" type="text"/>
Amount \$	<input style="width: 50%;" type="text"/>	Date	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 60%;" type="text"/>

Claim Category from A-E above	<input type="checkbox"/>	Damage Type:	<input style="width: 95%;" type="text"/>
Amount \$	<input style="width: 50%;" type="text"/>	Date	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 60%;" type="text"/>



Claim Category from A-E above Damage Type:

Amount \$ Date / /

Claim Category from A-E above Damage Type:

Amount \$ Date / /

Claim Category from A-E above Damage Type:

Amount \$ Date / /

V. SUPPORTING DOCUMENTATION

Please provide a copy of any receipts, invoices or documentation to support each of the amounts specified above. The documentation, if available, should show the date of damage or loss, description of services provided (if applicable), payment amount, and confirmation of payment.

For recovery of overdraft, finance or interest charge(s), please provide a copy of the bank or credit card statement(s) that show the amount of the overdraft, finance or interest charge(s) assessed and date assessed.

Failure to provide the requested information and supporting documentation may result in your claim being denied.

You must keep all original documents. Please submit copies, only.

VI. CUSTOMER CONTACT INFORMATION

Email Address

Phone Number During Business Hours

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VII. DECLARATION

I, _____, hereby declare under penalty of perjury, under the laws of the State of California, that I am the LADWP Customer of Record on the account(s) identified in this Claim Form and that any documents submitted in support of my claim are true and correct.

Date: (mm/dd/yyyy)

Signature or Electronic Signature

Title, if applicable

