

BAYOU CORNE SINKHOLE SWORN CLAIM FORM BUSINESS LOSS

****All Claim Forms must be postmarked on or before May 31, 2018****

(Note: A separate Sworn Proof of Claim Form MUST be completed for each claimant)

This document is very important. You MUST fill out this claim form to obtain money from the settlement.

Please type or print legibly. When you are finished completing this form, please sign it at the end and initial each page. A separate form must be filled out for each person.

Mail the completed form to: Ralph Tureau, Administrator, P.O. Box 1239, Gonzales, La 70707-1239

I. GENERAL INFORMATION

A. Business Name (Full Legal Name):

B. Business Mailing Address (P.O.Box or Street and Number, City, State, Zip)

P.O. Box or Street and Number

City, State, Zip

C. Business Physical Address

Street and Number

City, State, Zip

Telephone No: _____ Cell: _____

D. Tax ID number: _____

II. CLAIM INFORMATION

A. Please list the physical address of your business on August 3, 2012.

Street or Road Name and Number

City/State/Zip

B. What type of business is this?

C. Itemize your claimed business loss? Please include all supporting information to prove your business loss including tax returns, profit and loss sheets, CPA reports, or other financial information.

