

# Flint Water Settlement

## Generic Barcode Sheet



Diane Shaffer  
2023 O'Brien Rd  
Mt. Morris, MI 48458

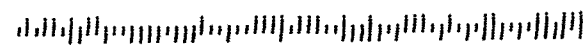
METROPLEX MI 480

25 FEB 2021 PM 4 L



Flint Water Settlement Program  
1775 St. James Place, Suite 200  
Houston, Texas 77056-3472

77056-341550



This form must be postmarked NO LATER THAN MARCH 29, 2021, to the addresses below, or else you will lose your right to opt out.

**IF YOU SIGNED THIS FORM, YOU MUST PROVIDE THE FOLLOWING ADDITIONAL INFORMATION:**

1. Please choose the following option(s) that apply to you. You may choose more than one option if more than one applies.

- ☐ I was 18 or older during any of the period April 25, 2014, to November 16, 2020. During that time, I ingested or came into contact with water received from the Flint Water Treatment Plant and suffered personal injury. ("Adult Exposure Subclass")
- ☐ I owned or operated a business, including income-earning real property and any other businesses, that received water from the Flint Water Treatment Plant at any time during April 25, 2014, to November 16, 2020, and could claim a resulting business economic loss. I am not a local, state, or federal government office or entity. ("Business Economic Loss Subclass")
- ☐ I owned or was the lessee of residential real property that received water from the Flint Water Treatment Plant at any time during April 25, 2014, to November 16, 2020. I am not a local, state, or federal government entity. ("Property Damage Subclass")

2. If you checked the box above for "Adult Exposure Subclass," please answer the following questions:

- Did you have a blood lead test taken between April 25, 2014, and July 31, 2016, with results of 5 ug/dL or above?  
☐ Yes    ☐ No
- Did you live or dwell in a residence that had water samples taken between April 25, 2014, and July 31, 2016, with lead results of 15 ppb or above?  
☐ Yes    ☐ No    ☐ I don't know

If you answered, "I don't know," please list all addresses where you lived or dwelled between those dates.

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- Did you live or dwell in a residence between April 25, 2014, and July 31, 2016, that had lead or galvanized steel service lines?  
☐ Yes    ☐ No    ☐ I don't know

If you answered, "I don't know," please list all addresses where you lived or dwelled between those dates.

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- Did you contract Legionnaire's Disease between April 25, 2014, and December 31, 2018?

☐ Yes ☐ No

- If a Personal Representative is filling out the form, did the Claimant die of Legionnaire's Disease between April 25, 2014 and December 31, 2018?

☐ Yes ☐ No

3. If you checked the box above for "Property Damage Subclass," please answer the following questions:

- Did you own real property that had any water sample taken between April 25, 2014, and July 31, 2016, showing lead in the water of 15 ppb or above?

☐ Yes ☐ No

- Did you own real property between April 25, 2014, and July 31, 2016, that had lead or galvanized steel service lines?

☐ Yes ☐ No ☐ I don't know

- If you answered, "I don't know" to either of the previous two questions, please list all real property addresses that you owned between those dates:

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