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MUST BE FILED ONLINE
OR
POSTMARKED
NO LATER THAN
January 31, 2020

Residential Claim Form
Columbia Gas Explosion
Essex County Superior Court
Case No. 1877CV01343G

For Office Use
Only

You must Enter your name and current mailing address:

First Name	MI	Last Name
Address 1		Unit / Apartment #
Address 2		
City	State	Zip

I. Lump Sum Residential Claim

All claimants must complete Section I, even if submitting an Itemized Claim.

- Physical address on September 13, 2018 if different than above (*CANNOT BE A P.O. BOX*):

Street Address _____

City _____ State _____ Zip _____

- Email address: _____
- Telephone #:(_____) _____ - _____
- Proof of residence/ownership on 9/13/2018. Select an option and attach a copy of one of the following **that covers September 2018** with this form (driver's license is not sufficient proof of residence):
 - ___ Gas Bill (attach a copy)
 - ___ Electric Bill (attach a copy)
 - ___ Other utility bill (attach a copy)
 - ___ Other (such as lease agreement, credit card statements, bank account statements, etc.) (describe and attach a copy):



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- Number of people living in your household on 9/13/2018: _____Adults _____Children
- Number of adults in your household on 9/13/2018 born before 9/13/1953: _____
- Were you evacuated/displaced from your residence? _____Yes _____No
- Total number of days you were displaced from your residence? _____days
- Date gas service was fully restored: ____ ____ / ____ ____ / ____ ____ ____ ____
- Date all gas appliances were fully functioning: ____ ____ / ____ ____ / ____ ____ ____ ____
- Was your residence physically damaged? _____Yes _____No
- If you answered “yes” to the previous question, select the applicable damage and provide details regarding the type and extent of the damage to your residence:

Type of Damage	Description of Damage (attach additional pages as necessary)
__ Smoke damage	
__ Fire/water damage	
__ Structural damage	
__ Other damage	

Complete the items in Section II ONLY IF you are making an Itemized Claim. If you are not making a claim in Section II, skip to Section III.

II. Itemized Claim:

➤ If you submitted a claim for reimbursement to Columbia Gas before August 30, 2019, which remains outstanding **or** you believe you have experienced extraordinary losses or damages that are supported by dated documentation, you may submit a claim that itemizes or lists those losses or damages for evaluation by the Settlement Administrator. These “Itemized Claims” will undergo detailed review by the Settlement Administrator and must be accompanied at the time of submission by all documentary evidence. All documentary evidence must be dated.

➤ The Settlement Administrator’s detailed review will significantly delay the receipt of your award, if any, and the amount of your total award will be reduced by the amount of any compensation you may have already received through Columbia Gas’ natural gas event claims process. **There is no guarantee that your Itemized Claim will be approved or that you will receive an award greater than you might otherwise receive under the Lump Sum Residential Claim.**

State the reason for your Itemized Claim (attach additional pages as necessary):

➤ If you submitted supporting documentation with your claim to Columbia Gas, you can rely on the documentation you submitted with that claim. You are not required to resubmit the same documentation. If you would like to supplement or add to the documentation you already submitted, please list the documents (such as medical records, invoices/bills for repair work, canceled checks/credit card statements showing payment for repair work, receipts for purchases prompted by evacuation or



displacement from your home, letter from an employer describing lost work days/hours and your rate of pay, etc.) and attach them to this Form. Note that all documentation must be dated:

➤ If you have not previously submitted a claim for reimbursement to Columbia Gas, but believe you have experienced extraordinary losses or damages that are supported by dated documentation, please list the documents and attach them to this form.

➤ Did you receive compensation directly from Columbia Gas or any third-party?
 ___ Yes ___ No

➤ If yes, please complete the following showing how much compensation you received and for what losses:

Total Value of Loss	Compensation:	Description of Loss and Compensation (attach additional pages as necessary)
\$_____. ____	\$_____. ____	
\$_____. ____	\$_____. ____	
\$_____. ____	\$_____. ____	
\$_____. ____	\$_____. ____	

Complete the following if represented by an Attorney (for itemized claim only):

Attorney Name _____ Law Firm _____

Address _____ City _____ ST _____ Zip _____

E-Mail Address _____ Tel. _____

III. Affirmation and Certification (All claimants must complete this section):

All Claims Submitted Will Be Subject To Audit

By signing below and submitting this claim, I swear or affirm under penalty of perjury that all information contained herein and all information submitted to the Settlement Administrator is truthful and accurate.

 Signature of Claimant

___ ___ / ___ ___ / ___ ___ ___ ___
 Date