

**PROOF OF CLAIM**

ENTER CLAIMANT INFORMATION HERE

(Please print legibly in dark blue or black ink)

Name \_\_\_\_\_

Address (Street Name and Number, Apartment Number, if applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**THIS SECTION REQUIRED FOR ALL CLAIMS**

Contact Day Telephone: (\_\_\_\_\_) \_\_\_\_\_ Contact Name: \_\_\_\_\_

**INFORMATION ABOUT YOUR WATER HEATER**

Manufacturer/Model #: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Date of Installation of Water Heater (if known):  /   
Month / Year

Location of Water Heater:  Water Heater Closet  Basement  Attic  Crawlspace  Garage

Clearance from top of Water Heater (in feet):  ft.

If you have a problem with your water heater, when did you first notice it?  /   
Month / Year

**PART I: REIMBURSEMENT**

Fill Out This Section to Request Reimbursement for Repairs Already Made.

If you are making a claim for reimbursement of prior replacement and associated damages, you must provide the following information. You may claim under this section even if you received compensation for a replacement dip tube but were not fully compensated for the costs of associated repairs.

**YOUR CLAIM UNDER THIS SECTION MUST BE SUBMITTED ON OR BEFORE JUNE 30, 2000**

You must attach documentation as indicated below to qualify a claim for reimbursement of prior Subject Dip Tube Replacement and Damages. Your claim will not be eligible for reimbursement unless acceptable proof of payment is enclosed with your claim.

**PROOF OF REPAIR**

- Invoice or other proof showing replacement of a Subject Dip Tube.
- If the invoice is unavailable, you MUST fill out the Invoice Declaration on the reverse side of this page.

**- AND -**

**PROOF OF PAYMENT** All documentation must be photocopied on 8 1/2 x 11 white paper. DO NOT SEND ORIGINALS.

Acceptable proof of payment includes:

- Canceled check for repair, or
- Credit card receipt, or
- Cash receipt, or
- Other proof of payment.

**PLEASE NOTE: YOU MUST COMPLETE THE OTHER SIDE OF THIS FORM.**   
**THIS FORM MAY BE PHOTOCOPIED FOR MULTIPLE WATER HEATERS.**

Indicate the out-of-pocket expenses you incurred as a result of a Subject Dip Tube failure and include any receipts (or other proof of payment) not included above (use additional paper if necessary):

- Replacement of Dip Tube       Cleaning of the plumbing fixtures       Repair to other property damage (please explain--use additional paper if necessary) \_\_\_\_\_
- Flushing of the plumbing lines       Appliance repair

**Total Amount of Claim: \$**

**INVOICE DECLARATION**

(To be Filled Out if Invoice is Not Available)

I, \_\_\_\_\_, declare that the repair/replacement of my Subject Dip Tube was done by \_\_\_\_\_ (name of service provider), whose address is \_\_\_\_\_ (address including city, state and zip code) and whose phone number is (\_\_\_\_\_) \_\_\_\_\_. I have not been able to locate my invoice for the repair or replacement of my Subject Dip Tube or repairs of associated damages. I am aware that the service provider indicated above may be contacted to verify that the work was performed.

\_\_\_\_\_  
Signature of Owner or of Authorized  
Corporate or Partnership Representative

**DECLARATION OF OWNERSHIP**

(Must be Completed by All Claims Under Part I)

I, \_\_\_\_\_, hereby declare that I am the owner of the water heater described herein or that I owned the listed water heater at the time the repairs/replacement took place and that the information contained on this claim form is true and accurate to the best of my knowledge and belief.

Signature for Part I Reimbursement Claim \_\_\_\_\_  
Signature of Owner or of Authorized  
Corporate or Partnership Representative

**PART II: REPAIR AND REPLACEMENT**  
Fill Out This Part to Request a Dip Tube Replacement and, If Applicable, to request Repair of Damages Caused by a Subject Dip Tube.

**YOUR CLAIM UNDER THIS SECTION MUST BE SUBMITTED ON OR BEFORE DECEMBER 31, 2000**

- I am not currently experiencing problems, but would like my Subject Dip Tube replaced.
- I am currently experiencing damages and would like my Subject Dip Tube replaced and associated repairs made.

**DECLARATION OF OWNERSHIP**

(Must be Completed by All Claims Under Part II)

I, \_\_\_\_\_, hereby declare that I am the owner of the water heater described herein or that I owned the listed water heater at the time the repairs/replacement or damage took place and that the information contained on this claim form is true and accurate to the best of my knowledge and belief.

Signature for Part II Repair and Replacement Claim \_\_\_\_\_  
Signature of Owner or of Authorized  
Corporate or Partnership Representative

**MAIL THIS CLAIM FORM AND APPLICABLE DOCUMENTATION TO:**  
**Dip Tube Litigation** Claims Administrator, P.O. Box 9338, Garden City, N.Y. 11530-9338