

CLAIM FORM FOR PRICE-GOUGING RESTITUTION FOR FUEL PURCHASES
DURING HURRICANE HARVEY DISASTER PROCLAMATION PERIOD

NOTE: This claim form must be emailed or mailed and postmarked on or before December 31, 2018.

Distribution of restitution is estimated to be made by February 15, 2019.

Please provide your name and address:

1. Name: _____
(First) (Middle) (Last)
2. Current address: _____
Street Name and Number (include apartment number, if applicable)
City: _____ State: _____ Zip Code: _____
3. Email address: _____

Instructions: To be eligible for restitution, please provide the information below. If you have a receipt from this transaction, please **attach the original receipt** and you need fill out only those items below which are not included in the receipt; otherwise, fill out the entire form. Submit separate forms if you purchased fuel on more than one day or at more than one station. Final determination of eligibility will be made based upon the requirements set out in the settlement agreement between the State and the gas station where you made your purchase. Note that your refund may be made on a pro rata basis if claims exceed the restitution funds available, which means you may only receive a portion of the amount that you were overcharged.

- a. The name of the gas station where you purchased the fuel: _____
Address of that station _____
Street Name and Number
City: _____ State _____ Zip Code _____
- b. Date of purchase: _____
- c. Price you paid per gallon for the fuel: \$ _____
- d. Number of gallons of fuel purchased: _____
- e. Amount of total sale: \$ _____
- f. Make and model of vehicle for which the fuel was purchased: _____

Please affirm that you are the individual who paid for fuel as shown on your receipt by dating and signing here:

Date: _____
(Sign Here)

If you have any questions, call the settlement information line at 1-888-755-9508 (toll free), or write to the Hurricane Harvey Price-Gouging Claims Administrator at the address below:

Mail this form along with your receipt to: **Hurricane Harvey Price-Gouging Claims Administrator**
c/o Dahl Administration
PO Box 3614
Minneapolis, MN 55403-0614

Or email this form and your receipt to: HarveyClaim@DahlAdministration.com