

**EXHIBIT G – CLAIM FORM – MAINE**

**Owner Address:**

<<Owner Name>>  
<<Owner Address 1>>  
<<Owner Address 2>>  
<<City, State Zip>>

**Covered Property Information:**

<<County, State>>  
<<Assessor Map ID>>  
<<Assessor Parcel ID>>  
<<Assessment Number>>  
<<Scaled Frontage>>

<b>Write Any Name and Address Corrections Below:</b>
Name:
Address:
City:
State and Zip Code:

Please print (or type) clearly in blue or black ink. If you meet the Settlement’s eligibility requirements and wish to make a claim for a payment, you must complete this Claim Form and attach copies of the required supporting documentation as explained below. This Claim Form and any required documentation must be postmarked no later than **Month Day, 201X**.

1. You must (a) provide all the information called for in Section II, (b) sign the Claim Form, and (c) submit with the completed Claim Form the documents described in Section III. Failure to answer all the questions and provide the required documents may result in denial of your claim.
2. You must file a separate Claim Form for each parcel that you own.
3. If you are married, your spouse must also sign the Claim Form, even if they do not have an ownership interest in the property.
4. Only one Claim Form should be submitted for all persons who are or were co-owners of a Covered Property. If you have co-owners, you should submit the Claim Form on behalf of all co-owners. Consult with your co-owners before submitting a Claim Form.
5. All co-owners and their spouses will have to sign a Release (if former owners) or a Release and an Easement (if current owners), or no check for Benefits will be issued. Benefit checks will be issued in the names of all co-owners.
6. Your final payment will be based on the number of feet of property you own next to the railroad right of way as well as the amount of time you owned your property. If you did not own the property for the entire Compensation Period, you are eligible to receive the amount of benefits stated below multiplied by the fraction of time you owned the Covered Property during the Compensation Period.
7. If you inherited the property and you wish to have your relative’s period of ownership included in your award, you must include the documents listed under “Inherited Property” in Section III below.

Please go to [www.\\_\\_\\_\\_\\_.com](http://www._____.com) for more details on documentation that can support your claim. If you still have questions, you can call 1-800-000-0000.

**I. Settlement Payment.** If you qualify you will receive \$1.38 per foot (if you owned the property for the entire Compensation Period). You must provide all the documents listed in Section III below.

**II. Class Member and Property Information:**

1. Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ~OR~ Tax ID No.: \_\_\_\_\_ - \_\_\_\_\_

2. Telephone No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 3. Email Address: \_\_\_\_\_

4. If you are married, you must complete this Claim Form on behalf of you and your spouse, even if your spouse does not have an ownership interest in the property. Your spouse must sign the Claim Form.

Are you currently married?  Yes  No

**PERIOD OF OWNERSHIP**

5. During the period <<settlement period>>, how many months did you own the Covered Property? \_\_\_\_\_ Months

6. Date you acquired the Covered Property: \_\_\_\_ / \_\_\_\_ (Month, Year)

7. Do you currently own the Covered Property?  Yes  No

*If your answer to this question is "No", please answer question 8. If your answer to this question is "Yes", please skip to question 9.*

8. If you currently do not own the Covered Property, the date you transferred your interest in the Covered Property: \_\_\_\_ / \_\_\_\_ (Month, Year)

**9. Did you inherit the covered property?**

Yes  No

If yes, list the date your relative acquired the Covered Property: \_\_\_\_ / \_\_\_\_ (Month, Year)

**If you want to claim compensation for the time your relative owned the property, you must provide the documents listed under "Inherited Property" in Section III. Otherwise, you will only be paid for the period of time you owned it.**

10. Besides you and your current spouse, are/were any other persons or entities owners of the Covered Property?  Yes  No

If yes, please list their names below:

_____	_____
_____	_____
_____	_____

**III. Required Documentation.**

**1. Proof of Ownership** - Please attach a Deed or Certificate of Title showing that you are or were the owner of the Covered Property identified above.

The Deed or Certificate of Title must contain a legal description of the Covered Property and show its ownership. The document must either be certified by the appropriate county official (such as a Register of Deeds or Titles or the County Clerk) **or** must show on the document the recording information, including:

- The date of recording,
- The government office where recorded, and
- The filing location in the land records (such as the conveyance book and page number or entry number).

**2. Inherited Property** – If you inherited the property after <<beginning of class period>>, you must provide the following documents in order to receive a payment for the time your relative owned the property (which will be added to the period you owned the property), please attach the following documents:

- A personal representative’s deed or a beneficiary’s deed that shows that you inherited the Covered Property, and
- A deed or certificate of title that shows your relative’s acquisition of the Covered Property.

**IV. Sign and Date Your Claim Form.**

You must sign the Claim Form under penalty of perjury. Thus, make sure it is truthful. Claims will be verified. False claims will not be paid and people who submit false claims will be subject to prosecution. You also agree to promptly notify the Claims Administrator of the transfer of any interest in the Covered Property between the time that you submit this form and the time that any payment is made to you. If you inherited the Covered Property you affirm that you also inherited your relative’s claims arising out of Sprint’s installation, occupation, maintenance and use of Telecommunication Facilities on the Covered Property.

**I hereby certify under penalty of perjury that (1) the above and foregoing is true and correct; (2) I believe, in good faith, that I own or owned fee title to the Covered Property listed above; and (3) I will promptly notify the Claims Administrator of the transfer of any interest in the Covered Property between the time that I submit this form and the time that any payment is made to me.**

\_\_\_\_\_  
Class Member’s Signature

\_\_\_\_\_  
Spouse’s Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**V. Mail Your Claim Form.**

Mail this completed Claim Form, and required documentation, postmarked on or before **Month Day, 201X**, to:

Claims Administrator  
Fiber-Optic Cable Litigation  
PO Box XXXX  
City, State Zip