

**CLAIM FORM
SHELL PIPELINE SPILL
KANKAKEE COUNTY**

Your Name: _____

Your Spouse's Name: _____

Your Current Address: _____

Your Home Phone Number: _____

Your Cell Phone Number: _____

Your email address: _____

1. Do you currently live at an address in:

(a) The Core Area Yes _____ No _____ (see attached map)

(b) The Outer Area Yes _____ No _____ (see attached map)

(c) Owned or rented? _____

(d) If you are a renter, who owns the property? _____

(e) How long have you lived at this address? _____

2. Please attach a copy of your deed or title insurance policy for the property showing the name of each owner of the property. Identify the parcel number, if known. If you do not own the property attach a rental agreement and/or utility bills in your name.

3. Did you live at a different address at any time since November 1, 1988? Yes _____
No _____

If so, please list any former addresses:

_____.

4. Is your former address in:

(a) The Core Area Yes _____ No _____ (see attached map)

(b) The Outer Area Yes _____ No _____ (see attached map)

(c) Owned or rented?

(d) For how long?

(Please attach a copy of your deed to your former property or a title insurance policy showing the name of each owner of the property).

5. Who occupied this property after you moved? _____

6. For each Core or Outer Area address you have lived at, at any time since November 1, 1988, please provide the following information:

(a) How many wells did you have on that property: _____

(b). Do you currently use any well on that property? Yes _____ No _____

(c) Are you currently connected to the Aqua Illinois drinking water system? Yes _____ No _____

(d) If yes, when were you connected to Aqua? _____

7. Did you pay for the costs of a connection to the Aqua Illinois Water System?

Yes _____ No _____.

8. If you, not Shell, paid for your own connection, please state the total amount you paid and attach all receipts to document that amount. \$ _____

9. What is the amount of your average monthly bill from Aqua? _____

(Please attach a copy of your most current Aqua bill).

10. Did you pay anyone to test your well water for the presence of MTBE or gasoline?

Yes _____ No _____ If so, how much did you spend? \$ _____

(Please attach or describe the results)

Shell's consultant tested many wells for MTBE and gasoline. These results will be supplied to the Settlement Administrator and considered in evaluating your claim.

I. CORE AREA RESIDENTS

If you owned or rented property within the “Core Area” indicated on the attached map at any time between November 1, 1988, and the present, fill in the following section. If you did not own or rent property within the “Core Area” indicated on the attached map at any time between November 1, 1988, and the present, but currently own property in the “Outer Area” indicated on the attached map, proceed to Section II and fill in that section.

Core Area residents will be connected to public water supplies, at Shell’s expense, including payment for easements and any necessary landscape repairs.

For Core Area Residents Only

1. What is the most recent value of your property from your property tax assessment?
\$_____ (Please attach supporting documents)

2. How many wells are located on your property? _____

3. Please attach any documents you have concerning the cost of installing wells on your property. If you do not have documents concerning the costs of drilling the well please provide your best estimate of the amount you paid to drill the well(s): \$_____.

4. List the names of each person who resided on your property between November 1, 1988, and their relationship to you (if any):

Name:_____ Relationship:_____

Name:_____ Relationship:_____

Name:_____ Relationship:_____

5. Please describe the size of your property.

(a) Less than 1 acre:_____ or, (b) Number of acres:_____

6. If Shell’s gasoline pipeline release cost you money, not described above, please explain the circumstances and attach any documentation:

7. Most of the residents in the Core Area have similar claims. They will be compensated equally from the fund. Some residents have special circumstances or out-of-pocket expenses that would justify additional compensation.

If you believe that you have suffered any harm that is materially different than other residences in the Core Area, please attach a statement and any documents explaining your situation.

II. OUTER AREA RESIDENTS ONLY

If you are a current property owner within the “Outer Area” indicated on the attached map, you are eligible to receive a payment in an amount to be determined by the Settlement Administrator. In addition, you have the right to have your water tested for the presence of MTBE and gasoline, and to receive potable water should such testing show the presence of MTBE or gasoline reasonably attributable to Shell’s pipeline spill.

For Outer Area Residents Only

1. Do you wish to have well water on your property tested for the presence of MTBE or other gasoline constituents? Yes _____ No _____.
2. If your answer to No. 1 is yes, you will be contacted to determine a schedule for testing. You will not be charged for testing performed under this settlement.

I declare under penalty of perjury that the following is true and correct to the best of my knowledge.

DATE

NAME

PRINT NAME