

# Aqueous Film-Forming Foam (AFFF) Products Liability Litigation (MDL 2873) Public Water System Settlement Testing Compensation Claims Form

## INSTRUCTIONS

Please follow the instructions below to submit a Testing Compensation claim for the AFFF Products Liability Litigation Settlement Program. A completed copy of this Claims Form must be submitted no later than January 01, 2026. Late Testing Compensation Claims Forms will not be considered.

A Public Water System (PWS) should **ONLY** fill out this claim form if **ALL** testing of all Water Sources as of June 30, 2023 indicated no detection of PFAS at any level **OR** the PWS has not yet completed Baseline Testing. Compensation from the Testing Fund is limited to one payment per water source owned and operated by the PWS during the Phase 2 Testing Period (June 30, 2023 - June 30, 2026).

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED (\*) INFORMATION BELOW AND YOU MUST SIGN THIS CLAIMS FORM. THIS CLAIMS FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE. YOU MAY ALSO FILE YOUR CLAIM ONLINE AT [www.PFASWaterSettlement.com](http://www.PFASWaterSettlement.com).

For any questions about this Claims Form, you may contact a Claim Representative at 1-855-714-4341 or [info@pfaswatersettlement.com](mailto:info@pfaswatersettlement.com).

## SECTION 1. PUBLIC WATER SYSTEM (PWS) INFORMATION

### SECTION 1.1 PWS GENERAL INFORMATION

<b>Public Water System (PWS) Name</b>			
<b>PWS Identification Number (PWSID)</b>		<b>Employer Identification Number</b>	_ _ - _ _ _ _ _ _ _
<b>PWS Facility Address</b>	Street		
	City	State	Zip

### SECTION 1.2 PWS CONTACT INFORMATION

*\*Please note that communication for this Settlement may extend into the year 2030. Please provide contact information with this in mind and contact the Claims Administrator if any updates are required.*

<b>Name of PWS Primary Contact</b>		<b>Job Title of PWS Primary Contact</b>	
<b>Telephone Number for Primary Contact</b>	( _ _ _ ) _ _ _ - _ _ _ _	<b>Fax Number</b>	( _ _ _ ) _ _ _ - _ _ _ _
<b>Email Address for Primary Contact</b>	<b>PWS "General" Email (if available)</b>		
<b>Name of PWS Secondary Contact</b>		<b>Job Title of PWS Secondary Contact</b>	
<b>Telephone Number for Secondary Contact</b>	( _ _ _ ) _ _ _ - _ _ _ _	<b>Email Address for Secondary Contact</b>	
<b>PWS Mailing Address</b> <i>*Payments will be sent to this address</i>	Street/PO Box		
	City	State	Zip

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SECTION 1.3 LAWSUIT INFORMATION (CHECK YES OR NO)	YES	NO
Has PWS filed a lawsuit to recover damages associated with PFAS contamination of its public drinking water wells or surface water systems?		
If yes, is the lawsuit currently pending/filed in the AFFF MDL?		
If the lawsuit is NOT currently in the AFFF MDL, in which court is it pending?		
Case Number		

SECTION 1.4 ATTORNEY INFORMATION (IF APPLICABLE)			YES	NO
Is the PWS Represented by an Attorney? (Check Yes or No)				
Attorney Name		Law Firm Name		
Telephone Number	( ____ ) ____ - _____	Email Address		
Law Firm Employer Identification Number				

SECTION 2. QUALIFYING PWS INFORMATION		
QUALIFYING QUESTIONS (CHECK YES OR NO)	YES	NO
Is the PWS required to test under UCMR-5?		
Is the PWS required to test for PFAS by state law?		
Does the PWS serve at least 15 service connections used by year-round residents?		
Does the PWS serve at least 25 year-round residents?		
Does the PWS serve fewer than 3,300 people according to SDWIS as of June 30, 2023?		
Is the PWS in the United States of America or one of its territories?		
Is the PWS owned or operated by a state (or territory of the United States) or the federal government?		

PWS CODES WITHIN THE SAFE DRINKING WATER INFORMATION SYSTEM (SDWIS)	
<b>What is the PWS Owner Type Code as listed in SDWIS?</b> <i>*Please enter one of the following: "L-Local Government" or "M-Public/Private" or "P-Private" or "N-Native American" or "S-State Government" or "F-Federal Government"</i>	
<b>If the PWS Owner Type Code is listed in SDWIS as either "S-State Government" or "F-Federal Government," does the PWS have the authority to sue or be sued in its own name?</b> <i>*Please enter one of the following: "Yes" or "No"</i>	
<b>What is the PWS Facility Activity Code as listed in SDWIS?</b> <i>*Please enter one of the following: "Active", "Inactive", "Change from public to non-public", "Merged with another system" or "Potential future system to be regulated"</i>	
<b>What is the PWS classification as listed in SDWIS?</b> <i>*Please enter one of the following: "Community Water System" or "Non-Transient Non-Community Water System" or "Transient Non-Community Water System"</i>	
<i>Note: If your type code is: (1) "Transient Non-Community Water System" OR (2) your type code is "Non-Transient Non-Community Water System" AND the PWS serves 3,300 people or fewer, skip to Section 6.</i>	

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**SECTION 3. WATER SOURCE SUMMARY INFORMATION**

How many groundwater wells are owned or operated by the PWS?

How many Surface Water Systems are owned or operated by the PWS?

**SECTION 4. CERTIFICATION AND SIGNATURE**

By signing this Claims Form, Settlement Class Member represents and warrants the following for the benefit of Settling Defendants:

- The Settlement Class Member has authority to release all Released Claims on behalf of itself and all other Persons who are Releasing Persons by virtue of their relationship or association with it.
- The Settlement Class Member authorizes the Claims Administrator and/or Special Master to take all necessary action to satisfy the Settlement Class Member's obligation with respect to Section 11.6 of the Settlement Agreement including, but not limited to, reporting any Allocated Amount in Box 3 of an IRS Form 1098-F and filing such forms with the IRS.

I hereby declare under penalty of perjury under the laws of the State of \_\_\_\_\_ that the information within this Claims Form and its attachments are true and correct to the best of my knowledge, information, and belief.

Authorized Representative's Signature:

Authorized Representative's Printed Name:

Executed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ (County), \_\_\_\_\_ (State).

**DOCUMENTATION REQUIREMENTS**

1. A duly completed and executed IRS Form W-9 (or other information return required pursuant to Treasury Regulations Section 1.6050X-1(a)(1)) for the PWS with respect to each Settling Defendant,
2. A duly completed written statement that satisfies the requirements of Treasury Regulations Section 1.6050X-1(c) with respect to each Settling Defendant,
3. A written authorization substantially in the form of Exhibit K attached to the Settlement Agreement for the Claims Administrator to file the forms set forth in item (1) with the IRS and to provide the written statements set forth in item (6) to each Settling Defendant.