

San Diego Unified Port District Fee Claim Form

*First Name:

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*MI:

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*Last Name:

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*Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*City:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*State:

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*ZIP Code:

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*Telephone Number:

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*Email Address (you must provide your email address if you choose Digital Payment below):

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*Number of rentals for which you paid the Fee (If claiming more than 20 Fee payments, you must submit evidence in support of all Fee payments claimed with this claim form):

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*If claiming more than six (6) Fee payments, you must check this box acknowledging the following: I am declaring under penalty of perjury that to the best of my knowledge I have paid the Fee more than six (6) times.

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*I would like to receive my payment by:

Paper Check

Digital Payment

*Signature:

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*Date:

		-			-				
MM			DD			YYYY			



PLACE
STAMP
HERE

GARVIN SETTLEMENT ADMINISTRATOR
C/O EPIQ
PO BOX 3607
PORTLAND OR 97208-3607

