Must Be Postmarked
No Later Than
July 31, 2013

CVVL1

TELEPHONE USERS TAX REFUND CLAIM FORM
YOU CAN ALSO FILE A CLAIM AT:
www.ChulaVistaCellPhoneTaxSettlement.com

1. **What To Do** – You may choose one of three refund options. The first option is to receive a flat $35 refund. To get this, all you have to do is fill out and sign this Claim Form and return it in the pre-paid envelope. The second option is to receive $50 for each year you paid the Telephone Users Tax ("TUT") – maximum 3 years, $150 (See Option 2 below). The third option is to receive an estimated full refund of all the TUT you have paid from April 2010 – April 2013 (See Option 3 below).

2. **Primary Account Holder's Information (Required)**

First Name | M.I. | Last Name

Current Mailing Address 1

Current Mailing Address 2 (Apartment/Suite/Lot/Room Number)

City | State | Zip Code

Wireless Telephone Number
Area Code — Telephone Number —

Wireless Telephone Billing Address 1

Wireless Telephone Billing Address 2 (Apartment/Suite/Lot/Room Number)

City | State | Zip Code

Email Address

3. **Your Refund – Choose Only (1) of (3) Options (*Fill Only One Option Bubble Below)**

◯ Option 1: You choose to receive: $35

Instructions: Complete this Claim Form and sign below. Place your completed Claim Form inside the pre-paid, self-addressed envelope provided to you and mail the envelope.

OR Go to www.ChulaVistaCellPhoneTaxSettlement.com to complete and submit a Claim Form online.

flip page for additional options

FOR CLAIMS PROCESSING ONLY	◯ REV ◯ OZ ◯ LC ◯ DOC

○ Option 2: You choose to receive: **$50 Per Year of TUT Paid (Up to $150)**

Three Yearly Time Periods: April 2010-2011, April 2011-2012, and April 2012-2013

Instructions: Complete this Claim Form and sign below.

AND For *each of the time periods above for which you seek a refund*, submit one of the following:

Copy of a wireless phone bill; OR Copy of wireless telephone plan; OR Copy of a cancelled check/receipt showing payment of plan.

(i.e. to receive **$150**, you must provide one of the above options for each yearly period listed)

You may be able to print your bill from the website of your phone provider (for example, if your provider is Verizon: www.verizonwireless.com). Place the bill(s), plan, or cancelled check(s) with your completed Claim Form inside the pre-paid envelope provided and mail.

I am submitting documentation for the following time period(s) (fill the applicable bubble(s)):

○ April 2010-2011 ○ April 2011-2012 ○ April 2012-2013

OR Go to www.ChulaVistaCellPhoneTaxSettlement.com and upload your wireless phone bills electronically, following the instructions provided under "Option 2" AND complete the Claim Form online.

○ Option 3: You choose to receive an estimated **FULL (100%)** refund of TUT that you paid.

Three Yearly Time Periods: April 2010-2011, April 2011-2012, and April 2012-2013

Instructions: Complete this Claim Form and sign below.

AND For *each of the time periods above for which you seek a refund*, submit two wireless phone bills OR one bill AND one other proof of payment – a) copy of plan, or b) cancelled check/receipt showing payment of plan. Your refund will be calculated by multiplying your average monthly TUT paid by 12 for each of the time periods submitted. Enclose the phone bills or bill and other proof of payment along with this Claim Form in the pre-paid, self addressed envelope and mail. ***If you have not had continuous wireless service throughout the above years, please provide the month and year your service began here:**

Month: | | | | | | | | | | **Year:** | | | | |

I am submitting documentation for the following time period(s) (fill the applicable bubble(s)):

○ April 2010-2011 ○ April 2011-2012 ○ April 2012-2013

OR Go to www.ChulaVistaCellPhoneTaxSettlement.com and upload your wireless phone bills or other payment, following the instructions under "Option 3" AND complete the online Claim Form.

---

4. Release of Claims Against City of Chula Vista/Release of Records to Claims Administrator

I paid for mobile or cellular phone services between April 4, 2010 and April 5, 2013 and the billing address for said services was in the City of Chula Vista. The information on this Claim Form is true and correct. I authorize the Claims Administrator to obtain, and keep confidential, the telephone billing records for the above account.

5. Date and Signature (Required)

Date: _____ Signature: _____

Please mail your Claim Form to the Claims Administrator so that is postmarked no later than July 31, 2013 in the enclosed envelope or to Villa v. City of Chula Vista, c/o Gilardi & Co. LLC, P.O. Box 8060, San Rafael, CA 94912-8060.

FOR CLAIMS PROCESSING ONLY	○ REV ○ OZ ○ LC ○ DOC