

Settlement Administrator  
Sioux City Franchise Fee Settlement  
PO Box 1970  
Faribault, MN 55021-6166

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01/27/15

**IMPORTANT LEGAL MATERIALS**

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WOODBURY COUNTY  
B CARSON BLDG SVC CT HSE  
620 DOUGLAS ST RM 104  
SIOUX CITY IA 51101-1248



SIOUX CITY FRANCHISE FEE SETTLEMENT

Date: January 12, 2015

Dear Class Member:

You are receiving this letter as a Class Member in the Sioux City Franchise Fee Settlement captioned as *Swaisberger v. City of Sioux City* in the Iowa District Court for Woodbury County, Case No. CVCV 134376. A \$6.475 million settlement was reached with the City of Sioux City for the refund of certain gas and electric franchise fees charged by the City of Sioux City between September 5, 2001 and May 25, 2009.

Utility account holders during that period are entitled to a refund of a portion of the gas and electric franchise fees charged to your utility account(s) by the City of Sioux City. **TO RECEIVE YOUR REFUND, YOU MUST FILE A CLAIM FORM ON OR BEFORE FEBRUARY 26, 2015.**

Your estimated refund is shown on the enclosed Claim Form for your utility account(s). You may receive a refund by completing and returning the enclosed Claim Form in the postage paid envelope provided. **Your claim form must be postmarked by February 26, 2015. If your Claim Form is not postmarked by February 26, 2015, you will not receive any refund money.**

The attached Claim Form contains information concerning your gas and electric utility account(s) and shows the refund calculation by the Settlement Administrator that will be paid to you if you timely file a Claim Form. If you believe that you have other accounts and have not received a Claim Form for those accounts, you may visit the website at [www.siouxcityfranchisefeesettlement.com](http://www.siouxcityfranchisefeesettlement.com) or you may call the Settlement Administrator at 1-866-483-0376. You may also write for additional information to the Settlement Administrator at the address below:

Settlement Administrator  
Sioux City Franchise Fee Settlement  
PO Box 1970  
Faribault, MN 55021-6166

***Do not call the Court, the Clerk of Court, the City or the utility company about this settlement or your refund. They cannot help you.***

Thank you,  
Settlement Administrator



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**Account Holder**

WOODBURY COUNTY  
B CARSON BLDG SVC CT HSE  
620 DOUGLAS ST RM 104  
SIOUX CITY IA 51101-1248

If the pre-printed information to the left is not correct or if there is no pre-printed information, please check the box and complete the information below:

**Account Information:**

Account Number: 440031019

Estimated Amount of Refund: \$5,111.37

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**CLAIM FORM**

**SIOUX CITY FRANCHISE FEE SETTLEMENT**

If you wish to make a claim for a refund, you must complete this Claim Form and confirm that the "Account Holder Information" above is accurate and that you are the Account Holder or are legally entitled to act for the Account Holder. This Claim Form must be postmarked no later than **February 26, 2015**. If you believe the "Account Holder Information" is not correct or have questions, you can visit the website at [www.SiouxCityFranchiseFeeSettlement.com](http://www.SiouxCityFranchiseFeeSettlement.com) or call 1-866-483-0376 to speak with a customer service representative.

**I. Select a Refund Option A or B:**

**A. Request for Refund.** If you want to receive your refund money to which you are entitled for the time period 09/05/2001 through 05/25/2009, check the box.

**B. Decline of Refund.** If you decline to receive the refund money to which you are entitled for the time period 09/05/2001 through 05/25/2009, check the box.

**II. Sign and Date Your Claim Form.** You must sign the Claim Form. Claims will be verified against the data obtained in the Court process. In the event a refund is issued, Refund Payments will be issued on checks made payable to the person(s) or entity, which held the account as identified above in the "Account Holder Information".

**I/we hereby certify (1) the above and foregoing is true and correct; (2) I am or we are legally entitled to act for the Account Holder who paid franchise fees as identified above in the "Account Holder Information".**

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM-DD-YYYY)

Account Holder Name (PLEASE PRINT): \_\_\_\_\_

**Representative Information (If not Account Holder)**

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM-DD-YYYY)

Representative Name (PLEASE PRINT): \_\_\_\_\_

Representative relationship to Account Holder: \_\_\_\_\_

**III. Mail your Claim Form in the enclosed postage paid envelope postmarked on or before February 26, 2015, to:**

Settlement Administrator  
Sioux City Franchise Fee Settlement  
PO Box 1970  
Faribault, MN 55021-6166





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**Account Holder**

WOODBURY COUNTY  
620 DOUGLAS ST RM 104  
SIOUX CITY IA 51101-1248

If the pre-printed information to the left is not correct or if there is no pre-printed information, please check the box and complete the information below:

**Account Information:**

Account Number: 5690031020  
Estimated Amount of Refund: \$112.80

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(MM-DD-YYYY)

Account Holder Name (PLEASE PRINT): \_\_\_\_\_

**Representative Information (If not Account Holder)**

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(MM-DD-YYYY)

Representative Name (PLEASE PRINT): \_\_\_\_\_

Representative relationship to Account Holder: \_\_\_\_\_

**III. Mail your Claim Form in the enclosed postage paid envelope postmarked on or before February 26, 2015, to:**

Settlement Administrator  
Sioux City Franchise Fee Settlement  
PO Box 1970  
Faribault, MN 55021-6166



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**Account Holder**

WOODBURY COUNTY  
620 DOUGLAS ST BLDG SERVICES DEPT-H  
SIOUX CITY IA 51101-1247

If the pre-printed information to the left is not correct or if there is no pre-printed information, please check the box and complete the information below:

**Account Information:**

Number of Accounts: 3

Estimated Amount of Refund: \$2,511.81

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**CLAIM FORM**

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Sioux City Franchise Fee Settlement  
PO Box 1970  
Faribault, MN 55021-6166





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**Account Holder:**

WOODBURY COUNTY BLDG SERV  
620 DOUGLAS ST RM B01  
SIOUX CITY IA 51101-1246

If the pre-printed information to the left is not correct or if there is no pre-printed information, please check the box and complete the information below:

**Account Information:**

Account Number: 4953163009

Estimated Amount of Refund: \$1,170.41

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**CLAIM FORM**

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PO Box 1970  
Fairbault, MN 55021-6166





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**Account Holder**

WOODBURY COUNTY LAW CENTER  
MARK ELGERT BLDG SVC CT HSE  
407 7TH ST STE 1  
SIOUX CITY IA 51101-1000

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<input type="checkbox"/>	If the pre-printed information to the left is not correct or if there is no pre-printed information, please check the box and complete the information below:
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**Account Information:**

Account Number: 9092041018

Estimated Amount of Refund: \$4,122.28

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**CLAIM FORM**

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