

**INDIVIDUAL REVIEW OPTION CLAIM FORM
FOR RESIDENTIAL HOUSEHOLD WATER USERS
(For Residential Households Served by West Virginia American's
Kanawha Valley Water Treatment Plant)**

Water Contamination Settlement

You should complete this form if:

- Your residence (single family home, apartment, condominium) was provided tap water service from West Virginia American's Kanawha Valley Water Treatment Plant ("KVTP") **on January 9, 2014, AND**
- You are requesting an individual review claim payment on behalf of all of the people who lived in that residence on January 9, 2014.

Only one residential household claim form may be submitted for a residential household location (in other words, only one Claim Form per "address"). This form covers the claims of all members of the residence for damages resulting from the Incident. Individual residents may also submit Individual Review Claim Forms for Medical Claims (including Contemporaneous Medical Claims, Other Medical Claims or Water Interruption Medical Claims) or Pregnancy Claims or Wage Earner Claims. In addition, if the resident owned a Business that operated at a location different from the residence, then the resident may also file one of the two claim form options for Business Claims.

You may submit the Simple Claim Form instead of this form if the amount your household can recover by filing the Simple Claim Form is higher than your itemized losses or if you do not want to itemize your claimed losses. The Simple Claim Form is available at www.wwaterclaims.com.

The deadline to submit a claim is February 21, 2018. If you have questions about this form or which claim form you should file, contact the Settlement Administrator for assistance by calling 1-855-829-8121 or submit a question at www.wwaterclaims.com.

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM. THE INSTRUCTIONS CONTAIN IMPORTANT DEFINITIONS AND INFORMATION ABOUT HOW TO DOCUMENT YOUR CLAIMED LOSS.

QUESTIONS? CALL 1-855-829-8121 OR VISIT WWW.WWATERCLAIMS.COM

INDIVIDUAL REVIEW OPTION CLAIM FORM – RESIDENTIAL HOUSEHOLD

Part 1. Claimant and Household Information (All Claimants Must Complete)	
Street Address of Residence that was served by KVTP on 01/09/2014:	
Address Line 1	
Address Line 2	
City	
State	
Zip Code	
Information about Resident Completing this Form:	
First Name	
Middle Name or initial	
Last Name	
Current Mailing Address to which all future correspondence should be sent:	
Address Line 1	
Address Line 2	
City	
State	
Zip Code	
Date of Birth	_____ (mm/dd/yyyy)
Social Security Number	
Current Telephone Number (including area code)	
Current Email Address (if any)	

QUESTIONS? CALL 1-855-829-8121 OR VISIT WWW.WVWATERCLAIMS.COM

<p>If you received a notice of this settlement in the mail, please provide the claim identification number that appears on that notice here. The identification number is located on the top left portion of the Simple Claim Forms that were enclosed with the notice</p>	
<p>If your name was listed on the West Virginia American Water account for your residence in 2014, provide your account number here</p>	
<p>Attorney Information – If you are being represented by an attorney for this claim, please provide the following information</p>	
<p>Attorney Name</p>	
<p>Attorney Law Firm</p>	
<p>Attorney Address</p>	
<p>Attorney Telephone Number (including area code)</p>	
<p>Attorney Email Address (if any)</p>	

Check here if you would like you and your attorney to both receive communications from the Settlement Administrator; OR

Check here if you would like only your attorney to receive communications from the Settlement Administrator

Part 2. Identification of additional Household Members on January 9, 2014 (Complete if more than one Resident lived in the Household on January 9, 2014)

The following individuals (other than you) were Additional Residents at the address listed in Part 1 above on January 9, 2014.

Name	Social Security Number	Relationship to You (Spouse, Child, Parent, Roommate, etc.)	Check here if Current Address of Additional Resident is the same as your Current Address listed in Part 1	Current Address of Additional Resident if different than your Current Address Listed in Part 1 (Settlement Administrator cannot issue a check to the Additional Resident without a current address)

(Attach additional sheets if necessary)

Part 3. Renters and Condo Owners ONLY (Non-Customers)

Read this if your water bill is paid by a third party who does not live with you (such as a building owner/landlord/homeowner's association):

If you or any household member leased or rented the residence identified in Part I on January 9, 2014, AND did not receive water bills directly from West Virginia American for that residence, then you must submit written proof that you lived at the residence you listed above on January 9, 2014. **The Instructions provide additional information about the types of documents you should submit.**

Owner/Landlord/Condo Name:	Address:	Telephone Number:

Documentation: Please attach a copy of a document (utility bill, lease or rental agreement, a canceled check or check image from January 2014, a Sworn Verification of Residence form from someone who does not live with you, or other similar document) that shows you lived at this residence during the period including January 9, 2014.

Part 4. Your Claim

In this section, you must identify and describe the losses you claim **resulted from** the Property Damage caused by the Freedom Chemical Spill and loss of use of tap water. You must identify each claimed loss by type and amount, and include the requested information along with documentation to support your claim. There are three possible types of loss you may claim:

- 1) Repair/Replacement: The cost to repair or replace components of, or items connected to, the water system that were damaged by the Freedom Chemical Spill;
- 2) Extra Expenses: Extra expenses you incurred because of the Freedom Chemical Spill including that you were not able to use your tap water; and
- 3) Lost Food: Food that you were required to discard because of the Freedom Chemical Spill.

Section 1: CLAIM FOR REPAIR/REPLACEMENT COSTS

- a. **Check here [] and complete this section 1a. if you are making a claim for the costs you paid for replacement of water filters in the water system or in appliances connected to the water system and/or for an outside vendor flushing/cleaning the water system:**

I replaced my filters on	_____ (mm/dd/yyyy)
Identify types of filters replaced	
I had my water systems cleaned on	_____ (mm/dd/yyyy)
Total Cost claimed for repairing / replacing filter and/or cleaning the water system or its components	\$ _____

DOCUMENTATION: If you request compensation for replacing filters connected with your water system you must submit documents that show that: (1) you had filters replaced, (2) the cost of replacing the filters, and (3) the date that the filters were replaced.

If you request compensation for the cost you paid to have your water system flushed and cleaned, you must submit documents that show that: (1) you hired an outside vendor to clean and flush the system because of the Property Damage caused by the Freedom Chemical Spill, (2) the date of the flushing/cleaning, and (3) the amount you paid for the flushing/cleaning.

The Instructions provide additional information about the types of documents you should submit and the types of costs that may qualify.

<p>b. Check here [] and complete this section 1b. if you are making a claim for repair or replacement of any appliances that were damaged by the Freedom Chemical Spill. To receive compensation, you must show that it was necessary to repair or replace the appliance because the appliance was damaged by the Freedom Chemical Spill.</p>	
Appliance Type	
Appliance Model	
Explanation of Damage Caused by the Freedom Chemical Spill	
Repaired or Replaced?	Repair Replace (choose 1)
Date of Repair/Replacement	_____ (mm/dd/yyyy)
Amount Paid for Repair / Replacement	\$ _____
Amount of Claim for Repair / Replacement <i>(See instructions for information on the amounts you can claim)</i>	\$ _____
Explanation why the repair or replacement was necessary and how the Freedom Chemical Spill caused damage to the item that resulted in the need to repair or replace	

You may attach additional pages if necessary.

DOCUMENTATION: You must submit documents that show that: (1) the appliance had to be repaired or replaced because of damage caused by the Freedom Chemical Spill, (2) the date the appliance was repaired/replaced, and (3) the cost of the repair or replacement.

The Instructions provide additional information about the types of documents you should submit.

Section 2: CLAIM FOR EXTRA EXPENSES

Check here [] and complete this section if you are making a claim for extra expenses that you had because your water system was damaged by the Freedom Chemical Spill and you were not able to use tap water as a result of the Freedom Chemical Spill. An extra expense is the cost of an item or service that you had to acquire because you were not able to use the tap water.

Items	Date Extra Expense Paid	Explanation of Why It Was Necessary to Purchase Item or Incur Extra Expense	Amount Paid
Bottled Water or Alternative Water Supplies	_____ (mm/dd/yyyy)		\$ _____
Paper Plates	_____ (mm/dd/yyyy)		\$ _____
Plastic Ware	_____ (mm/dd/yyyy)		\$ _____
Pre-Prepared Meals	_____ (mm/dd/yyyy)		\$ _____
Sanitation Supplies	_____ (mm/dd/yyyy)		\$ _____
Restaurant Expenses	_____ (mm/dd/yyyy)		\$ _____
Cost of Water Testing	_____ (mm/dd/yyyyr)		\$ _____
Alternative Lodging	_____ (mm/dd/yyyy)		\$ _____
Laundry Expenses	_____ (mm/dd/yyyy)		\$ _____

Extra Sewer Fees Incurred as a Result of Flushing	_____ (mm/dd/yyyy)		\$ _____
Other Items (specify)	_____ (mm/dd/yyyy)		\$ _____
Total			\$ _____

DOCUMENTATION: You must submit documents that show: (1) the actual cost of the extra expenses and (2) the date you paid for the extra expenses. You may not claim extra expenses incurred after February 1, 2014, except that documented bottled water or replacement water costs are eligible for recovery if the expenses were incurred through March 3, 2014.

Section 3: CLAIM FOR LOST FOOD	
Check here [] and complete this section if you are making a claim for reimbursement for food that you had to throw away as a result of the Freedom Chemical Spill. Lost food is food that was purchased on or before January 9, 2014 that had to be discarded and not eaten as a result of the Freedom Chemical Spill.	
Describe the lost food	
Explain why the lost food had to be destroyed or discarded because of the Freedom Chemical Spill	
The lost food was purchased on: (if multiple dates, provide first and last dates)	_____ (mm/dd/yyyy) _____ (mm/dd/yyyy)
The lost food was discarded on: (if multiple dates, provide first and last dates)	_____ (mm/dd/yyyy) _____ (mm/dd/yyyy)
Total Cost of Lost Food Claimed	\$ _____

DOCUMENTATION: You must submit documents that show: (1) the actual cost of the lost food, and (2) the date the lost food was acquired or created. If the lost food was discarded after the Do Not Use Period and you make a claim for the cost of this food you must demonstrate a specific reasonable explanation for the delay in discarding the lost food. You may not claim discarded food costs incurred after February 1, 2014.

The Instructions provide additional information about the types of documents you should submit.

Part 5. TOTAL AMOUNT OF CLAIM	
Please provide a total amount of all incurred loss you are <i>claiming</i> (total of losses for repair/replacement losses, extra expenses and lost food):	
Section 1: Total Repair/Replacement Costs Claimed	\$ _____
Section 2: Total Extra Expenses Claimed	\$ _____
Section 3: Total Cost for Lost Food Claimed	\$ _____
TOTAL AMOUNT OF CLAIM	\$ _____
THIS TOTAL CLAIMED AMOUNT IS THE MAXIMUM AMOUNT YOU CAN RECOVER FROM THE SETTLEMENT FOR A RESIDENTIAL HOUSEHOLD WATER INTERRUPTION CLAIM. IF YOU DO NOT STATE THE AMOUNT OF YOUR CLAIM, THE SETTLEMENT ADMINISTRATOR WILL NOT CONSIDER YOUR CLAIM UNTIL YOU DO.	

Part 6. Verification AND Signature (All Claimants Must Complete)

By signing this Claim Form, I hereby certify under penalty of perjury that:

- (a) all of the information contained in this Claim Form is true and correct;
- (b) the supporting documents attached to or submitted in connection with this Claim Form and the information contained in those documents are true, accurate, and complete to the best of my knowledge;
- (c) I am authorized to make this Claim on behalf of myself and the Household Members listed above;
- (d) I understand that there can be only one Residential Claim Form per Household and I am not aware of any other Residential Claim Forms for this Location; and
- (e) I am not excluded from the Settlement Class. (See Instructions for definition of individuals who are excluded.)

Date:

Signature:

If you are a legal representative completing this form on behalf of an incapacitated or deceased claimant, you must complete the following:

Name of Legal Representative:	Legal Representative Address:	Telephone Number:	Email Address:

Please attach documentation that you have been duly appointed as legal representative for the Claimant on whose behalf you are submitting this Claim Form and are authorized to submit this Claim Form on Claimant's behalf.

This Claim Form must be submitted online or postmarked no later than **February 21, 2018**.

Mail the Claim Form to: WV Water Settlement Administrator
P.O. Box 4227
Charleston, WV 25364

ONLY COMPLETE FORMS WILL BE PROCESSED.

QUESTIONS? CALL 1-855-829-8121 OR VISIT WWW.WWATERCLAIMS.COM

INDIVIDUAL REVIEW OPTION CLAIM FORM FOR RESIDENTIAL HOUSEHOLD WATER USERS

Instructions

Please read this entire Claim Form and the instructions before you begin to fill it out.

Type or print legibly all information in blue or black ink if you are using a hard copy version of this Claim Form. You may find it easier to use the online form.

Answer all applicable questions and provide all information and documents asked for on the Claim Form. **ONLY COMPLETE FORMS WILL BE PROCESSED.**

If you do not submit supporting documents your claim will be found deficient and may be denied. Make a copy of your completed Claim Form and supporting documents for your records. **Do not submit your only copy of the supporting documents.** Materials submitted will not be returned. All copies of documentation submitted in support of this Claim should be clear, legible and complete.

Part 1

Please provide both your address as of January 9, 2014 and your current address and the other information requested.

Part 2

Please provide information for ALL individuals (other than you) who were living at the address for which you are filling out this Claim Form as of January 9, 2014, even if they are no longer residing at that address.

Do not provide information for people who are living at that address now, but were not living there as of January 9, 2014.

Do not provide information for people who were only visitors or guests on January 9, 2014.

Part 3

You must complete this section if you did not receive water bills from West Virginia American as of January 9, 2014 (that is, if you and the members of your household were not direct customers of West Virginia American). For example, if you were renting an apartment and the building owner/landlord paid the water bill for the entire building, then you are not a direct customer and you must complete this section. If someone you were living with in the household received the water bill directly from West Virginia American, then your household is a direct customer and you do not need to complete this section.

To be eligible to receive payment with this Claim Form, you must submit reliable documents that show that you resided at the address in Part 1 as of January 9, 2014.

Examples of the types of documents that you may submit include:

- a. A utility bill addressed to you at the Eligible Residential Location (the residence identified in Part 1); or
- b. A lease or rental agreement for the Eligible Residential Location showing your status as a tenant at that location on January 9, 2014; or

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- c. A canceled check or check image from January 2014 showing your address and rent paid for the Eligible Residential Location; or
- d. A Sworn Verification of Residence form from someone who does not live with you attesting to your residence at the Eligible Residential Location on January 9, 2014. You can obtain the Sworn Verification of Residence form on the website at www.wwaterclaims.com or by calling the Settlement Administrator at 1-855-829-8121); or
- e. Another document that shows you lived at the Eligible Residential Location for the period including January 9, 2014.

Part 4 (Your Claim)

Section 1 - Repair/Replacement Costs:

Items eligible for a repair or replacement claim are:

- 1) Replacement of filters in the water system or appliances connected to the water system;
- 2) 50% of the cost of replacing an appliance, including hot water heaters, dishwashers, washing machines, refrigerators and humidifiers up to a maximum of \$750 for each appliance;
- 3) 100% of the cost of replacing CPAPs and other assisted breathing devices (not subject to the \$750 cap); and
- 4) The cost of hiring an outside vendor to clean and flush the water system as directed by the flushing guidelines provided by West Virginia American.

Eligible Time Period. Repairs or replacements must have occurred between January 9, 2014 and February 18, 2014. If you make a claim for repairs/replacements that occurred after February 18, 2014, you must demonstrate why it was reasonable to delay the repair/replacement.

Documentation. To be eligible for repair/replacement cost, you must submit reliable documents that show:

- 1) The specific item that was repaired or replaced (such as the component of the water system or appliance that was repaired/replaced);
- 2) If you are making a claim for replacement of an appliance you must provide reliable documentation that it was necessary to replace the appliance because of the Freedom Chemical Spill. For example: a communication (including a letter/email/invoice) from the manufacturer of the appliance or equipment or from a repair technician that advises or states that the item was damaged by the Freedom Chemical Spill and could not be repaired effectively or that it would cost more to repair the item than to replace it.
- 3) The cost of the repair or replacement; and
- 4) The date of the repair or replacement.

Examples of the types of documents that you may submit include:

- a) Invoices for the repair service or item showing the item, the cost and the date of service or replacement;

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- b) Sales receipts for the service/items showing the cost and the date of the sale;
- c) Credit card statements that list the items repaired/replaced, show the cost and the date of the sale;
- d) Contracts with the vendor that performed the service showing the particular service, the date of the service and the cost of the service; or
- e) Canceled checks or bank statements that demonstrate payment to a vendor for repair/replacement.

Note: The documents submitted must demonstrate all necessary information. A credit card statement, for example, might provide the amount paid for an item or service but might not specify the item or service. A canceled check might be sufficient to show the cost but not the date of service. You may submit several documents that together provide all the necessary information.

Section 2 - Extra Expenses:

Eligible Time Period. Extra expenses means the payments that were reasonably required to be made between January 9, 2014 and the end of the Do Not Use Period for the location as a result of the Freedom Chemical Spill. You may also claim other extra expenses beyond the Do Not Use Period through February 1, 2014 but only if you demonstrate a specific reasonable basis for incurring extra expenses after the end of the Do Not Use Period. You may not claim extra expenses incurred after February 1, 2014, except that you may claim the cost of bottled water or other replacement water through March 3, 2014.

Examples of extra expenses are:

- 1) bottled water or alternative water supplies;
- 2) paper plates;
- 3) plastic ware;
- 4) pre-prepared meals;
- 5) sanitation supplies;
- 6) restaurant expenses;
- 7) alternative lodging;
- 8) laundry expenses;
- 9) costs you paid for testing your water for MCHM; and
- 10) extra sewer fees incurred as a result of flushing the water system as directed by the flushing guidelines provided by West Virginia American.

Documentation. To be eligible for extra expenses, you must submit documents that show:

- 1) The amount paid for each type of extra expense (in the case of extra sewer fees, you must submit documents demonstrating the difference in the normal sewer fees and those incurred in connection with the flushing);

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- 2) The specific extra expenses;
- 3) The dates you paid or were billed for the extra expenses; and
- 4) The Property Damage (as defined below) you had incurred.

Examples of the types of documents that you should submit include:

- a) Invoices or sales receipts showing the item purchased and the date of purchase;
- b) Credit card statements with sufficient detail to determine the expense incurred and the date the expense was incurred; or
- c) Canceled checks or bank statements showing the item purchased, the amount paid and the date paid.

Note: The documents submitted must demonstrate all necessary information. A credit card statement, for example, might provide the amount paid for an item or service but might not specify the item or service. A canceled check might be sufficient to show the cost but not the date of service. You may submit several documents that together provide all the necessary information.

Claims for extra expenses after the Do Not Use Period. If you seek recovery for extra expenses (other than bottled or replacement water) after the Do Not Use period, you must provide a clear, specific and reasonable explanation of why you had to incur these expenses after the Do Not Use Period because of the Freedom Chemical Spill. If you have documentation that shows why you continued to incur such expenses, you should provide it along with your claim. For example: if you were not able to flush your water system or replace filters before the end of the Do Not Use Period, and did so after that date, and that is the reason you incurred extra expenses, you should provide documentation of the date the work was done to flush the system or replace filters. You may not claim extra expenses (except for replacement or bottled water) after February 1, 2014.

Section 3 - Lost Food:

Time Period of Eligible Loss. The lost food must have been:

- 1) Purchased on or before January 9, 2014; and
- 2) Discarded during the Do Not Use Period (this date depends on your location). You may seek to recover the cost of lost food discarded after the Do Not Use Period and on or before February 1, 2014 only if you can demonstrate a specific reasonable basis for the delayed loss. If you seek recovery for lost food after the end of the Do Not Use Period, you must provide a clear, specific and reasonable explanation for the delay in discarding the food. You may not claim the cost of lost food that was discarded after February 1, 2014.

Documentation. You must attach documents that:

- 1) Identify the actual cost of the lost food;
- 2) Show the date(s) the lost food was acquired; and
- 3) Explain the reason the food was discarded if it was discarded after the Do Not Use Period.

Examples of the types of documents that you should submit include:

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- a) invoices or sales receipts showing the food purchased and the date of purchase;
- b) credit card statements with sufficient detail to determine the food purchased and the date purchased; or
- c) canceled checks or bank statements showing the food purchased, the amount paid and the date of purchase.

Note: The documents submitted must demonstrate all necessary information. A credit card statement, for example, might provide the amount paid for an item or service but might not specify the item or service. A canceled check might be sufficient to show the cost but not the date of service. You may submit several documents that together provide all the necessary information

Part 5

You **MUST** specify the total amount of your residential household claim. Without a total, your claim will **NOT** be processed. Your residential household claim payment will **NOT** exceed the amount you claim.

Part 6

You **MUST** sign the verification. Without a signed verification, your claim will **NOT** be processed. By signing the verification, you acknowledge that under the terms of the Amended Settlement Agreement you are releasing all claims you have or may in the future have against the Defendants. You may also submit a claim form to make a Wage Earner Claim and/or either a Medical Claim or Pregnancy Claim consistent with the Amended Settlement Agreement.

Under the Amended Settlement Agreement, a Settlement Class Member does not include a natural born person or Business excluded from the Settlement Class. The following entities and individuals are excluded from the Settlement Class:

1. West Virginia American and its officers, directors, and employees and any affiliates of West Virginia American and their officers, directors, and employees;
2. Eastman and its officers, directors, and employees and any affiliates of Eastman and their officers, directors, and employees;
3. Judicial officers assigned to this case and their immediate family members and associated court staff assigned to this case, other than court reporters;
4. Settlement Class Counsel and attorneys who have made an appearance for the Defendants in this case;
5. The Settlement Administrator, Notice Administrator, Guardian ad Litem, or other consultants and associated staff assigned to this case; and
6. Opt Outs as defined in Amended Settlement Agreement.

If you are uncertain about whether you are excluded from the Settlement Class or have questions, you should contact the Settlement Administrator.

DEFINITIONS

“Additional Resident” means any Resident of an Eligible Residential Location that is included in a Residential Household Claim other than the Resident who completes this Claim Form.

“Customer” means the person(s) or entity identified in the West Virginia American Customer List as the account holder for billing purposes of an Eligible Residential Location.

“Defendants” means West Virginia-American Water Company (“West Virginia American”), American Water Works Company, Inc., American Water Works Service Company, Inc. and Eastman Chemical Company.

“Do Not Use Period” means the period of time during which you were subject to a Do Not Use notice issued by West Virginia American in consultation with the West Virginia Bureau for Public Health that tap water supplied from the Kanawha Valley Water Treatment Plant should not be used other than for toilet flushing or fire protection. The Do Not Use Period differs based on the location of your Residence but does not extend beyond January 18, 2014.

“Eligible Residential Location” means a single-family home (attached or detached) or any unit within a multiple unit residential building that was supplied tap water by the KVTP on January 9, 2014.

“Freedom Chemical Spill” means the January 9, 2014 chemical spill into the Elk River in Charleston, West Virginia from the site owned by Freedom Industries, Inc. including the introduction of water containing the spilled chemicals into the Kanawha Valley Water Treatment Plant and the Kanawha Valley Distribution System operated by West Virginia American.

“Household” means collectively all the persons who were Residents of a specified Eligible Residential Location on January 9, 2014. The Residents may be any group of related or unrelated persons who shared living arrangements in the same Residential Location on January 9, 2014.

“KVTP” means the Kanawha Valley Water Treatment Plant.

“Property Damage” means physical damage to or destruction of tangible property, at a residential or business location resulting from the Freedom Chemical Spill, including the loss of use thereof at any time resulting therefrom; and loss of use of tangible property which has not been physically damaged or destroyed arising from physical damage to or destruction of other tangible property. Property Damage includes the presence of chemical or chemical residue in the water system (pipes and other components) from the Freedom Chemical Spill that required cleaning and flushing the water system to remove such residue from pipes and appliances and/or to clean or replace certain components of the water system as recommended in the flushing guidelines provided by West Virginia American Water.

“Resident” means a person who resided at an Eligible Residential Location on January 9, 2014; provided that a visitor or guest shall not be considered to be a Resident and shall not be eligible for compensation pursuant to this Claim Form.

“Residential Direct Customer User” means a person or entity who is a Customer of West Virginia American served by the KVTP who is identified in the West Virginia American Customer List as the account holder for an Eligible Residential Location and who also resided at the Eligible Residential Location on January 9, 2014.

“West Virginia American Customer List” means the list of West Virginia American Customers served by the KVTP during January 2014 that is being provided by West Virginia American to the Notice Administrator and the Settlement Administrator pursuant to Court order and subject to existing confidentiality protections for use in notice and implementation of the Amended Settlement Agreement.

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