

Settlement Administrator  
 PO Box 3170  
 Portland, OR 97208-3170

CASE NOS.: 98-11208 CA 31  
 05-2117 CA 31

Masztal v City of Miami Settlement  
 Masztal v Adorno & Yoss, LLP Settlement  
 REQUEST FOR REFUND FORM

**IMPORTANT INFORMATION**

MUST BE POSTMARKED NO LATER THAN OCTOBER 21, 2008

Read the Accompanying Notice and Instructions Below  
 Prior to Completing This Request for Refund Form

You must complete this entire form, including Part IV. Failure to do so  
 may waive your right to share in the Common Fund.

If you have any questions, please contact the Settlement Administrator  
 Toll-Free by calling 1-800-981-7567. You may also visit  
[www.MiamiFireFeeSettlement.com](http://www.MiamiFireFeeSettlement.com) for frequently asked questions and  
 answers and access to important documents related to the  
 Settlements.

**INSTRUCTIONS**

1. This Request for Refund Form is directed to Class Members, i.e., all persons or entities (including qualified legal successors as defined in paragraph 1.18 of the Settlement Agreements) that owned property in the City of Miami, Florida, including the City's former and current employees, agents, representatives, officials, officers, and their immediate family members, standing in their individual capacity as taxpayers, that paid the Fire/Rescue Assessment and/or Fire Assessment collected by the City from fiscal year 1997-1998 through and including fiscal year 2006-2007. The City of Miami is excluded from the Class. All who qualify as Class Members may participate by submitting a completed Request for Refund Form.
2. As set forth in the accompanying Notice of Proposed Settlement, you are entitled to a refund of a portion of the amount of the Assessment paid for the years in which you owned the property in the City. The amount of your refund will depend on the number of claims filed, the total amount being claimed and the Common Fund. In no event will the amount of your refund exceed the amount you actually paid for the Assessment. **If you do not contest the amount of assessment paid (see Part III on the following page), your share of the Common Fund will be based on the total amount in Part III. If your claim is valid, you will receive a check with a detailed description of how the amount was calculated.**
3. The Settlement Administrator in its sole discretion may request documentation to verify in fact that you do or did own the property *AND* were charged and paid the Fire/Rescue and/or Fire Assessments for any or all of the years being claimed. Such documentation is subject to review; additionally, if you do not respond, you waive your right to share in the Common Fund for the year(s) in question. Failure to submit a Request for Refund Form will also waive your right to share in the Common Fund.
4. **A SEPARATE REQUEST FOR REFUND FORM IS REQUIRED FOR EACH PROPERTY YOU OWN OR OWNED IN THE CITY OF MIAMI DURING THE CLASS PERIOD. You should submit a Request for Refund Form only if you owned property in the City of Miami at any time from April 1, 1998 to October 31, 2007, and you paid the fire fee.**
5. Submission of this Request for Refund Form does not ensure that you will share in the proceeds of the Common Fund. Distributions from the Common Fund will be governed by the Settlement Agreements and approved by the Court.
6. If you are a Class Member, you are bound by the terms of any Judgment that the Court enters even if you do not submit a Request for Refund Form.

**PART I. CLASS MEMBER INFORMATION** Please provide the information requested below.

Owner's Name		Additional Owner's Name	
Owner's <u>Mailing</u> Address, if different than above (include City, State and Zip Code, and Country & Foreign Province, if applicable)			
_____-_____-_____	OR	_____-_____-_____	
Social Security Number		Taxpayer Identification Number	
_____-_____-_____	OR	_____-_____-_____	
Additional Owner's Social Security Number		Additional Owner's Taxpayer Identification Number	
(_____) _____ - _____		(_____) _____ - _____	
Daytime Telephone Number (including area code)		Evening Telephone Number (including area code)	

CONTINUED ON THE REVERSE SIDE

This claim form must be postmarked by October 21, 2008 to be considered timely.  
 Mail to: Masztal v. City of Miami Settlement Administrator, PO Box 3170, Portland, OR 97208-3170

**PART II. OWNERSHIP INFORMATION** Please provide ALL information requested below.

<b>Ownership Status:</b> PICK ONE	<input type="checkbox"/> I currently own the property. <input type="checkbox"/> I no longer own the property.	Property Address	
<b>Ownership Type:</b> PICK ONE	<input type="checkbox"/> Individual / Joint Owner(s) <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Publicly Owned _____ <input type="checkbox"/> Other _____ <small style="display: block; text-align: center;">Public Land Code <span style="margin-left: 150px;">Description</span></small>		
<b>Dates of Ownership:</b>	_____ / _____ / _____ Date You Purchased Property (MM / DD / YYYY)	AND	_____ / _____ / _____ Date You Sold Property (MM / DD / YYYY), leave blank if you still own property

**PART III. PROPERTY INFORMATION & ASSESSMENTS PAID** Please review & correct the information below if needed.

Legal Description of Property	Parcel Number of Property																														
All years in which you owned or own the property based on information obtained from the City of Miami for the years indicated:	<table style="width:100%; text-align: center;"> <tr> <td><input type="checkbox"/> 1998</td> <td><input type="checkbox"/> 1999</td> <td><input type="checkbox"/> 2000</td> <td><input type="checkbox"/> 2001</td> <td><input type="checkbox"/> 2002</td> </tr> <tr> <td><input type="checkbox"/> 2003</td> <td><input type="checkbox"/> 2004</td> <td><input type="checkbox"/> 2005</td> <td><input type="checkbox"/> 2006</td> <td><input type="checkbox"/> 2007</td> </tr> </table>	<input type="checkbox"/> 1998	<input type="checkbox"/> 1999	<input type="checkbox"/> 2000	<input type="checkbox"/> 2001	<input type="checkbox"/> 2002	<input type="checkbox"/> 2003	<input type="checkbox"/> 2004	<input type="checkbox"/> 2005	<input type="checkbox"/> 2006	<input type="checkbox"/> 2007																				
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<input type="checkbox"/> 2003	<input type="checkbox"/> 2004	<input type="checkbox"/> 2005	<input type="checkbox"/> 2006	<input type="checkbox"/> 2007																											
The amount to the right is the <u>total amount of Fire/Rescue and/or Fire Assessments you paid</u> , based on information obtained from the City of Miami for the years listed below. Below are the specific amount of assessments paid for each of the years indicated. If you do not contest the amount to the right, you only need to sign and return this form to share in the Common Fund, subject to the other restrictions and requirements set forth in the <i>Instructions</i> .	<b>TOTAL AMOUNT</b>																														
<table style="width:100%; text-align: center;"> <tr> <td>1998</td><td>1999</td><td>2000</td><td>2001</td><td>2002</td><td>2003</td><td>2004</td><td>2005</td><td>2006</td><td>2007</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007											<table style="width:100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										
1998	1999	2000	2001	2002	2003	2004	2005	2006	2007																						

If you feel that ANY OF THE ABOVE INFORMATION in Part III is incorrect, please check the box to the left which indicates that you are contesting the amount. Then, **attach a separate sheet of paper**; clearly specify the amount you feel is incorrect, what the amount should be and the basis for the revised amount. You may attach substantiating documentation which validates the amount you are claiming, but are not required to do so at this time.  
 If additional documentation is needed, you will be contacted by mail with a request for that information.

**PART IV. CERTIFICATION** Please review the Release, check the appropriate box and sign below.

1. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, unconditionally, and forever settle, release and discharge the Defendants, with prejudice, from the Settled Claims.
2. I (We) hereby warrant and represent that I (we) have not assigned, transferred or sold my (our) interest in the above property other than as defined above.
3. I (We) hereby warrant and represent that I (we) *paid* the assessment in full for each of the years claimed.

I (We) agree under penalty of perjury under the laws of the United States of America that the statements made and the answers given in this Request for Refund Form and Release are true and correct and that the documents submitted herewith, if applicable, are true and genuine.

I (We) certify that I am (we are) not subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code.

NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike the language that you are not subject to backup withholding in the certification above.

The Internal Revenue Service does not require your consent to any provision other than the certifications required to avoid backup withholding.

Signature	Date	Signature Of Joint Owner	Date
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