

SCL Billing Settlement Administrator
P.O. Box 1029, Baton Rouge, LA 70821 / 1-844-633-0260

Claim Deficiency Response Form - Business

PART 1: CLAIMANT INFORMATION

Settlement Claim ID: _____ Claimant Name: _____

PART 2: PAYMENT ELIGIBILITY INFORMATION.

To have your claim submission re-reviewed, you must complete the Payment Eligibility Information section below. Your Response Form should be emailed to info@SCLBillingSettlement.com or mailed to the P.O. Box provided at the top of this form, received or postmarked by no later than **April 27, 2022**.

Please provide all residential Seattle City Light Account numbers you have had between August 21, 2015 and June 8, 2020.

SCL Account ID

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

PART 3: SIGN AND DATE YOUR CLAIM FORM.

By signing and submitting this Claim Deficiency Response Form, I certify that the information provided is true and correct to the best of my knowledge.

Signature

Print Name

Date