

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

**Claim Deficiency Response Form - Individual**

**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](mailto: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**.

**a. Please provide all Seattle City Light Account numbers you have had between August 21, 2015 and June 8, 2020, and the dates of residency at the service address associated with each account number.**

SCL Account ID	Dates of Residency
1. _____	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>
2. _____	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>
3. _____	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>
4. _____	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>
5. _____	<input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>

**b. Please identify other individuals who resided at the residence at the same time as you, or listed on the SCL accounts you provided above. If you are or were a tenant, please provide the name of your landlord or property management company.**

Full Name

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**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**