

# Coastal Real or Personal Property Physical Damage Third Party Sworn Written Statement

If you need more space to complete this Sworn Written Statement, attach additional pages and they will be incorporated into this document.

### A. CLAIMANT INFORMATION

<b>Name:</b>	Last	First	Middle Initial
	<input type="text"/>		

<b>Deepwater Horizon Settlement Program Claimant Number:</b>	<input type="text"/>
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<b>Address:</b>	Street		
	City	State	Zip Code

<b>Telephone Number:</b>	( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<b>Social Security Number:</b> <i>or</i> <b>Individual Taxpayer Identification Number:</b> <i>or</i> <b>Employer Identification Number:</b>	SSN or ITIN
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	EIN
	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### B. PARCEL OR DEEDED BOAT SLIP INFORMATION

<b>Parcel or Deeded Boat Slip Address:</b>	Street		
	City	State	Zip

<b>Parcel identification number for the Parcel or Deeded Boat Slip on which the physical damage occurred:</b>	<input type="text"/>
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<b>Tax identification number for the Parcel or Deeded Boat Slip on which the physical damage occurred:</b>	<input type="text"/>
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### C. THIRD PARTY INFORMATION

<b>Name:</b>	Last	First	Middle Initial
	<input type="text"/>		

<b>Address:</b>	Street		
	City	State	Zip Code

<b>Telephone Number:</b>	( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<b>Social Security Number:</b> <i>or</i> <b>Individual Taxpayer Identification Number:</b> <i>or</i> <b>Employer Identification Number:</b>	SSN or ITIN
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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**D. PROPERTY DAMAGE INFORMATION**

State whether the claimed physical damage to the claimant's Real or Personal Property occurred on a Parcel listed in the Claim Form:

State whether the physical damage occurred between April 20, 2010 and April 18, 2012:

Describe the condition of the Real or Personal Property prior to the claimed physical damage:

State whether the claimant owned the Real or Personal Property at the time the physical damage occurred:

State whether the physical damage occurred in connection with the Spill or as a result of the Spill response operations that were consistent with the National Contingency Plan or specifically ordered by the Federal On-Scene Coordinator or delegates thereof:

If the claimant claims to have incurred costs to repair or replace the damaged property, state whether the costs were incurred by the claimant and whether the costs were reasonable and necessary:

If the claimant is seeking compensation for costs not yet incurred to repair or replace the damaged property, state the cost estimate and that the cost estimate is reasonable and necessary:

**E. SIGNATURE**

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that all the information I have provided in this Statement (and in any pages I have attached to or submitted with this Statement to provide additional information requested in this Statement) is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted with this Statement and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Statement may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

<b>Date Signed:</b>	<p>____/____/____ (Month/Day/Year)</p>	<p>_____ Signature</p> <p>_____ Name (Printed or Typed)</p>
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