

SWS-31

Wetlands 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

Name: Last Name or Full Name of Business, First Name, Middle Initial

Deepwater Horizon Settlement Program Claimant Number: [grid]

Social Security Number: or Individual Taxpayer Identification Number: or Employer Identification Number: SSN or ITIN, EIN [grid]

Phone Number: () - [grid]

Address: Street, City, State, Zip Code

B. PARCEL INFORMATION

Parcel Address: Street, City, State, Zip Code

Parcel identification number for the Parcel on which the physical damage occurred:

Tax identification number for the Parcel on which the physical damage occurred:

C. THIRD PARTY INFORMATION

Name: Last Name, First Name, Middle Initial

Address: Street, City, State, Zip Code

Phone Number: () - [grid]

Social Security Number: or Individual Taxpayer Identification Number: [grid]

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.

<p>State whether the physical damage occurred between April 20, 2010 and April 18, 2012.</p>	
<p>Describe the condition of the Real or Personal Property prior to the claimed physical damage.</p>	
<p>State whether the claimant owned the Real or Personal Property at the time the physical damage occurred.</p>	
<p>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.</p>	
<p>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 that they were reasonable and necessary.</p>	
<p>If the claimant is seeking compensation for costs not yet incurred to repair or replace the damaged property, state the amount of the cost estimate(s) and whether the cost are reasonable and necessary.</p>	

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.

Date Signed:

____/____/____
(Month/Day/Year)

Signature

Name (Printed or Typed)