SWS-30

## Wetlands Real or Personal Property Physical Damage Claimant 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 Last First Middle Initial Name: **Deepwater Horizon Settlement Program Claimant Number:** SSN or ITIN **Social Security Number:** Individual Taxpayer I dentification Number: EIN **Employer I dentification Number:** Street Address: City Zip Code **Phone Number: B. PARCEL INFORMATION** Street Parcel Address: 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. PROPERTY DAMAGE INFORMATION State whether the claimed physical damage to your 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:

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

State whether you owner Real or Personal Property time the physical damage occurred:	y at the	
State whether the physic damage occurred in conr with the Spill or as a rest Spill response operations were consistent with the Contingency Plan or spec ordered by the Federal C Coordinator or delegates	nection ult of the s that National cifically On-Scene	
If you claim to have incucosts to repair or replace damaged property, state whether the costs were iby you and whether the were reasonable and necessity.	e the ncurred costs	
If you are seeking composition costs not yet incurred repair or replace the damproperty, state the amounthe cost estimate(s) and the costs are reasonable necessary:	d to naged int of whether	
D. SI GNATURE		
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)