

SETTLEMENT AGREEMENT EXHIBIT A
ALL CLAIMS MUST BE POSTMARKED BY MAY 15, 2021

**HORRY COUNTY HOSPITALITY FEE
SETTLEMENT CLAIM FORM**

City of Myrtle Beach v. Horry County
Horry County Circuit Court, No. 2019-CP-26-01732

Complete this Claim Form if you would like to receive a cash payment from the settlement in the above class action lawsuit concerning the Horry County Hospitality Fee.

To be eligible for a cash payment, you must have paid Horry County’s 1.5% uniform service charge on the purchase of accommodations, prepared food and beverage, or admissions to amusements, and a 2.5% uniform service charge on rental cars, within the Town of Atlantic Beach, Town of Aynor, City of Conway, City of Loris, City of Myrtle Beach, City of North Myrtle Beach, and Town of Surfside Beach between January 1, 2017 and June 21, 2019 (for transactions with the City of Myrtle Beach) or August 10, 2019 (for transactions within all other municipalities except the Town of Briarcliffe Acres). You must provide a receipt, proof of purchase, or other sufficient documentary proof of payment of the charge.

To receive payment, please complete and return this form along with proof of payment. Claims will be processed on a “first in, first out” basis. Payment will be made via check delivered by U.S. Mail to the address provided below.

Claimant Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Preferred Telephone Number: (____) _____ - _____

Summary of Claim Amount – Documentary Proof of Payment Also Required

Date of Transaction	Merchant	Merchant City	Total Transaction Amount	Amount of Hospitality Fee (if known)

*Please attach additional pages if necessary.

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Affirmation

By submitting this Claim Form, I hereby attest under the penalty of perjury to the following: (1) the information contained herein is true and correct to the best of my knowledge; (2) I have received and reviewed notice of the settlement of this case; (3) I received and reviewed the Settlement Agreement approved by the Court in the case; (4) I agree to release all the claims, known and known, stated in Section 9.1 of the Settlement Agreement; (5) I submit to the jurisdiction of the Circuit Court for the State South Carolina, Fifteenth Judicial Circuit, Horry County, with regard to my claim and for purposes of enforcing the release of claims stated in the Settlement Agreement; (6) I am aware that I can obtain additional copies of the notice, Settlement Agreement, Claim Form, and all other forms regarding this settlement at www.horryhospitalityfeesettlement.com, or by writing to the Settlement Administrator at Hospitality Fee Settlement Administrator, P.O. Box 2468, Myrtle Beach, SC 29578; and (7) that I will furnish additional information to support this claim if required to do so. I understand that my Claim Form may be subject to audit, verification, and Court review.

Signature: _____

Date: _____

Submission of Claim

Please submit this Claim Form and the required supporting documentation to the Settlement Administrator via U.S. Mail (First Class Postage) to the following address:

Hospitality Fee Settlement Administrator
P.O. Box 2468
Myrtle Beach, SC 29578

***PLEASE KEEP A COPY OF THIS FORM AND ALL SUPPORTING DOCUMENTATION
FOR YOUR RECORDS***