

SETTLEMENT AGREEMENT EXHIBIT H
THIS DISPUTE FORM MUST BE POSTMARKED WITHIN THIRTY (30) DAYS OF THE
SETTLEMENT ADMINISTRATOR'S DETERMINATION OF YOUR CLAIM

**HORRY COUNTY HOSPITALITY FEE
DISPUTE FORM**

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

**YOU MUST COMPLETE THIS FORM IF YOU WISH TO DISPUTE
THE SETTLEMENT ADMINISTRATION OFFICE'S DETERMINATION
REGARDING YOUR REIMBURSEMENT OF THE HOSPITALITY FEE**

Complete this Dispute Form ONLY if you submitted a Claim Form and wish to contest the Settlement Administrator's determination as to whether you are entitled to reimbursement, or the amount of reimbursement, out of the common fund created under the Class Action Settlement Agreement in this case.

Please provide all of the following information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Preferred Telephone Number: (____) _____ - _____

Date You Submitted Claim: _____

Date You Received Determination of Claim: _____

Amount of Reimbursement Requested: _____

Amount of Reimbursement Awarded: _____

I object to the Settlement Administrator's determination for the following reasons:

*Please attach additional pages if necessary.

SETTLEMENT AGREEMENT EXHIBIT H
THIS DISPUTE FORM MUST BE POSTMARKED WITHIN THIRTY (30) DAYS OF THE
SETTLEMENT ADMINISTRATOR'S DETERMINATION OF YOUR CLAIM

I attest under the penalty of perjury that the information contained herein is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Please submit this Dispute Form 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 COMPLETED COPY OF THIS FORM FOR YOUR RECORDS