

**SETTLEMENT AGREEMENT EXHIBIT E**  
**THIS FORM MUST BE POSTMARKED BY APRIL 15, 2021**

**Return Original to:**

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

**Send Copy to:**

John M.S. Hoefler, Esq.  
Willoughby & Hoefler, PA  
P.O. Box 8416  
Columbia, SC 29202

**Send Copy to:**

Gene M. Connell, Jr., Esq.  
Kelaher, Connell & Connor, PC  
P.O. Drawer 14547  
Surfside Beach, SC 29587

**HORRY COUNTY HOSPITALITY FEE  
REQUEST FOR OPT-OUT FORM**

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

**YOU MUST COMPLETE THIS FORM IF YOU  
DO NOT WISH TO RECEIVE PAYMENT UNDER  
THE CLASS ACTION SETTLEMENT AGREEMENT IN THIS CASE**

Complete this Form if you would like to “opt out” and not receive the benefit of that portion of the Class Action Settlement Agreement in the above lawsuit concerning the Horry County Hospitality Fee which provides reimbursement for payment of the Horry County’s Hospitality Fee 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 in Horry County). **You do not have the ability to opt-out of any other portion of the Class Action Settlement.**

By signing and returning this form, you confirm that you have received, read, and understand the Class Action Settlement Agreement in above lawsuit, and that you wish to opt-out from any benefits under Section 6.2.3 and related provisions of that agreement and from any release of claims for reimbursement.

You understand that by opting out, you are giving up your right to receive any payments under the settlement. By opting out, you understand that you retain the right, if a right exists, to file your own individual claim against Horry County to recover prior payments of the Hospitality Fee.

By providing the following information, you affirm that you want to opt-out of Section 6.2.3 and related provisions of the Class Action Settlement Agreement and not release claims for payment:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*PLEASE KEEP A COMPLETED COPY OF THIS FORM FOR YOUR RECORDS\***