

THE ISLANDER INN
CREDIT CARD SETTLEMENT CLAIM FORM

Mail to: The Law Offices of E. David Hoskins, LLC
2 Hamill Road, Ste. 362
Baltimore, Maryland 21210

Name: _____

Address: _____

Phone: _____

E-mail: _____

Approximate Date Of Visit: _____

Last 4 digits of card number for the card used: _____

I declare under penalties of perjury that the information set forth on this claim form is true and that I am entitled to the relief provided by the Settlement Agreement:

Signed: _____

ALL CLAIM FORMS MUST BE POSTMARKED BY: September 27, 2011.