

# **EXHIBIT J**

**FLINT WATER SETTLEMENT**  
**BUSINESS INTERRUPTION CLAIM FORM**

1. My name is \_\_\_\_\_ and I am making this Declaration based upon my personal knowledge and information.

2. The relevant real property or business address which is the subject of this claim is:

Street		
City	State	Zip

3. If the Claimant is a Business Owner - the name of the business is:

\_\_\_\_\_.

4. If you are making a claim for business property damage or business economic loss concerning real property or a business that received Flint water on or between April 25, 2014 and July 31, 2016, please describe when and how your real property or business was damaged. If you need additional space, please attach another sheet to this form:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please provide details of the amount of your claimed damages, and how you determined that amount. If you need additional space, please attached another sheet to this form:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Category 30, you must show proof of such damages by loss of net profits year over year as reflected in tax filings, and copies of such tax filings must be submitted with this completed form. Please provide tax filings for the following years:

- Each of the two (2) years prior to the loss
- Year of the loss
- One (1) year after the loss

I certify and attest under penalty of perjury, pursuant to 28 U.S.C. Section 1746, that I am 18 years of age or older, and all information submitted in or with this above form is true, correct, accurate, and complete to the best of my knowledge. I understand that false statements or claims made in connection with this form and my claim may result in fines, imprisonment, and/or any other remedy available by law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Declarant