

Settlement Application Form

Please Print Clearly

(Printed Name)

(Collection Account Number
as it appears on your blue bill)

Social Security # _____ - _____ - _____

Mailing Address: _____
Street City State Zip

Home: (____) _____ Cell: (____) _____ Work: (____) _____

Account Number(s)

Service Address(es)

If you want a Settlement on more than 7 properties, please list these on a separate sheet and attach that sheet to this form

I am employed (or self employed) by _____

Company address _____ Phone: (____) _____

I am not employed. I receive assistance/income from:
 Public Aid Unemployment Pension Social Security Workman's Comp
 Other _____

I have answered these questions to the best of my ability:

Signature _____ Date: _____

Do not write below this line

AB Customer Rep: _____ Date Received: _____

Recommendation
 TSA ABOL NAI Other (specify)

mail to: American Bottoms - Customer Accounts, 1 American Bottoms Road, Sauget IL 62201-1075