

SWS-20	Business Economic Loss Spill-Related Reservation Cancellation Third Party Sworn Written Statement
---------------	--

If you need more space to complete this Sworn Written Statement, attach the additional pages and they will be incorporated into this document.

A. CLAIMANT INFORMATION

Business Name:	Name of Business
-----------------------	------------------

Deepwater Horizon Settlement Program Claimant Number:	_ _
--	---

Business Address:	Street
	City State Zip Code

Business Telephone Number:	(_ _ _ _) _ _ _ _ _ - _ _ _ _ _
-----------------------------------	--

Social Security Number: <i>or</i> Individual Taxpayer Identification Number: <i>or</i> Employer Identification Number:	SSN or ITIN _ _ _ _ _ - _ _ _ _ - _ _ _ _ _ _ _ _ EIN _ _ _ _ - _ _ _ _ _ _ _ _ _ _ _ _
---	---

B. THIRD PARTY INFORMATION

Name:	Last First Middle Initial
--------------	---

Address:	Street
	City State Zip Code

Telephone Number:	(_ _ _ _) _ _ _ _ _ - _ _ _ _ _
--------------------------	--

Social Security Number: <i>or</i> Individual Taxpayer Identification Number: <i>or</i> Employer Identification Number:	SSN or ITIN _ _ _ _ _ - _ _ _ _ - _ _ _ _ _ _ _ _ EIN _ _ _ _ - _ _ _ _ _ _ _ _ _ _ _ _
---	---

C. REQUIRED VERIFICATIONS

- (1) I, or my business, scheduled a reservation with the claimant's business prior to or on April 20, 2010, which was to occur between April 21, 2010 and December 31, 2010; and
- (2) I, or my business, canceled that reservation between April 21, 2010 and December 31, 2010 as a result of the Deepwater Horizon Spill.

D. SIGNATURE

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that all the information I have provided in this Statement (and in any pages I have attached to or submitted with this Statement to provide additional information requested in this Statement) is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted with this Statement and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Statement may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

Date Signed:	____/____/____ (Month/Day/Year)	_____ Signature	
Name: (Printed or Typed)	Last	First	Middle Initial
Title:			