

SWS-23

**Business Economic Loss
Proximity to Another MDL 2179 Business Claimant 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:

Deepwater Horizon Settlement Program Claimant Number:

Business Address:

Street

City

State

Zip Code

Business Phone Number:

Social Security Number:

or

Individual Taxpayer Identification Number:

or

Employer Identification Number:

SSN or ITIN

EIN

Date of Incorporation:

Date of Commencement of Operations:

Authorized Business Representative Name:

Last

First

Middle Initial

Authorized Business Representative Phone Number:

Position of Authorized Business Representative:

____/____/____
(Month/Day/Year)

____/____/____
(Month/Day/Year)

(____) _____ - _____

B. CAUSATION PROXY CLAIMANT INFORMATION

Business Name:

Deepwater Horizon Settlement Program Claimant Number:

Business Address:

Street

City

State

Zip Code

Business Phone Number:

(____) _____ - _____

Social Security Number: <i>or</i> Individual Taxpayer Identification Number: <i>or</i> Employer Identification Number:	SSN or ITIN _ _ _ _ - _ _ _ _ - _ _ _ _ _ _ _ _ _ _ EIN _ _ _ _ - _ _ _ _ _ _ _ _ _ _
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Date of Incorporation:	____/____/____ (Month/Day/Year)
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Date of Commencement of Operations:	____/____/____ (Month/Day/Year)
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Authorized Business Representative Name:	Last	First	Middle Initial
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Authorized Business Representative Phone Number:	(_ _ _ _) _ _ _ _ _ - _ _ _ _ _ _ _ _ _ _
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Position of Authorized Business Representative:	
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Date Causation Proxy Claimant established Causation with MDL 2179:	____/____/____ (Month/Day/Year)
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C. REQUIRED VERIFICATION

(1) My business is within the following distance from the Causation Proxy Claimant:

- (a) For Urban claimants, within 100 yards;
- (b) For Rural claimants, within one-quarter mile.

(2) For Rural claimants, I certify that a causal relationship exists between the financial performance of my business and the financial performance of the Causation Proxy Claimant's business and I have submitted sufficient documentation for the Claims Administrator to make this determination.

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)
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