

Sprint Government Restitution

Claim Form Receipt

Thank You. Your claim form has been submitted. Please print this page as your receipt.

Your Claim Number is **600109687101**. Please retain this number for your records.

Print

Case Code: **SGT**
Date: **Jul 14, 2015**

CLAIMANT INFORMATION

**WILLIAM D HILBURN
801 MOUNTAINVIEW PLACE
ANDERSON, SC 29626**

Email Address: **scoutmom365@gmail.com**

CLAIM INFORMATION

Previous Address: **110 DARBY LANE
ANDERSON, SC 29624**

Sprint Phone
Number 1: **(864) 356-7678**

Sprint Phone
Number 2: **(864) 356-7731**

Sprint Phone
Number 3: **(864) 356-2417**

Sprint Phone
Number 4: **(864) 437-5982**

Disbursement
choice: **Check**

Certification **I certify that I have not authorized any third-party PSMS charges to be billed to my Sprint account since July 1, 2010. I hereby declare under penalty of perjury that the information I have provided is true and correct.**

Please print this page and retain it for your records.



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