



Granisle Water Class Action

Potential Class Member Questionnaire

Email a copy of this form to granisle@murphybattista.com with the subject line **Granisle Water Class Action** and our intake team will be in touch to confirm receipt and next steps.

Your Full Legal Name: _____

Other Names/Aliases _____

Preferred Phone: _____ Preferred Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Date of Birth: _____

Please indicate your connection to the Granisle water system and whether you consumed water from the system at any time between January 1, 2018 and present. Select the option that best describes your situation.

I currently live in Granisle and consumed water from the system within the specified time period.

I previously lived in Granisle and consumed water from the system within the specified time period.

I consumed water from the system while visiting or staying temporarily in Granisle within the specified time period.

Other (please specify): _____

When did you consume water from the Granisle water system?

Approximate Start Date: _____ Approximate End Date: _____

Did you experience any adverse health outcomes from consuming the water? Yes No

If yes, describe the adverse health outcomes. _____

Have you sought medical attention related to these symptoms? Yes No

If yes please explain. _____

Additional comments and information you wish to provide:

How did you find us? _____