5750 SW 8<sup>6</sup> PL<sup>®</sup> Gainesville, FL 32607<sup>®</sup> Phone: (844) 283-4800 <sup>®</sup> Fax: (855) 446-6222 E-Mail: info@urrsi.com Web: www.urrsi.com

Account Holder: Fla Elect Co Op Assoc

Utility: City of Tallahassee

Date: 12/19/14

Dear Fla Elect Co Op Assoc:

This document serves as formal notification from Utility Revenue Recovery Specialists, Inc that Fla Elect Co Op Assoc has been identified as having a claim for refund due to funds paid in error to the City of Tallahassee.

Utility Revenue Recovery Specialists, Inc is tasked with identifying and acting as agent to companies located in the State of Florida for analysis and recovery of historical funds paid in error.

Participation in this recovery requires the following:

- Completion of enclosed Utility Bill Audit Agreement and Information Release Form
- Fax documents to (855) 446-6222 or email to info@urrsi.com

Documents must be received within 20 days of receipt to avoid processing delays and guarantee participation.

For questions or more information, please call (844) 283-4800, visit www.URRSI.com, or email info@urrsi.com. Please be sure to include your Customer Name and Utility Company in all correspondence.

We look forward to serving as your recovery agent.

Ollichelle Gusser

Thank you,

Michelle Firsching

President, Utility Revenue Recovery Specialists, Inc.

With over 20 years experience in utility billing and analysis, Utility Revenue Recovery Specialists, Inc is prepared to help you recover your utility expense losses today.

## Utility Revenue Recovery Specialists, Inc.

5750 SW 8<sup>th</sup> PL® Gainesville, FL 32607 Phone: (844) 283-4800 Fax: (855) 446-6222 E-Mail: info@urrsi.com Web: www.urrsi.com

## Information Release Form

Date:
Dear Utility Company:
Please be advised that we have contracted with Utility Revenue Recovery Specialists, Inc. to review our utility bills form authorizes Utility Revenue Recovery Specialists, Inc. and its designated agents to: obtain pertinent utility account information including all utility billing and usage information for our account(s) with your companion refund applications; sign any forms required to obtain legal exclusions, refunds, or exemptions; and receive my information relating to the processing of refunds, to which the undersigned may be legally entitled. This shall remain in effect until further written notice is provided by either party. This authorization covers all locations and accounts for which your company provides us service.
Please provide Utility Revenue Recovery Specialists, Inc. with the information they request in order to review our utility costs and send that information to one of the following:
Email: <u>info@urrsi.com</u>
Fax: (855) 446-6222
Mail: Utility Revenue Recovery Specialists, Inc.  5750 SW 8 <sup>th</sup> PL  Gainesville, FL 32607
Thank you for your assistance in this matter.
Company Name
Address
City, State, Zip Code
Authorized Contact / Title
Signature / Date