Utility Revenue Recovery Specialists, Inc.



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. This 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 company; file refund applications; sign any forms required to obtain legal exclusions, refunds, or exemptions; and receive any 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. 10382 SW 98th Ln Gainesville, FL 32608

Thank you for your assistance in this matter.

Company Name

Address

City, State, Zip Code

Authorized Contact / Title

Signature / Date