

CLAIM FORM FOR REFUND OF UNLAWFUL FEES

Complete and submit this Claim Form to the Class Administrator so that it is
emailed or postmarked by no later than July 1, 2023.

NAME OF CLAIMANT: _____
FIRST NAME MI LAST NAME OR NAME OF COMPANY/ENTITY

IF CLAIMANT IS A COMPANY OR OTHER ENTITY, NAME OF REPRESENTATIVE: _____

CURRENT MAILING ADDRESS _____
STREET _____
CITY STATE ZIP _____

CONTACT _____
DAYTIME PHONE NO. EMAIL ADDRESS _____

CUSTOMER NAME AND ADDRESS OF THE PROPERTY TO WHICH UTILITY SERVICE WAS PROVIDED DURING TIME THAT CLAIMANT PAID THE FIRE FEE:

CUSTOMER NAME: _____
(IF DIFFERENT FROM ABOVE) FIRST NAME MI LAST NAME OR NAME OF COMPANY/ENTITY

UTILITY SERVICE ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
>> IF YOU HAVE (OR HAD) MORE THAN ONE UTILITY SERVICE ADDRESS, LIST ALL ADDRESSES ON SEPARATE SHEET

VERIFICATION

I am aware that as a result of litigation in the case of Discount Sleep of Ocala, LLC, et al., v. City of Ocala (Case No. 2014 CA 000426), the City of Ocala was ordered to pay refunds to members of the class certified in that case ("Class").

I attest that I am a member of the Class and I paid the City of Ocala unlawful fire fees at least once between the dates of February 20, 2010, and July 21, 2020. I request a refund of those unlawful fees I paid. I understand the refund amount will be reduced by the Class members' pro rata share of fees and costs. Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signed: _____ Dated: _____

Print Name: _____

THIS FORM WILL NOT BE ACCEPTED UNLESS ALL INFORMATION IS PROVIDED, SIGNED BY THE CLAIMANT, AND RETURNED SO THAT IT IS EMAILED OR POSTMARKED NO LATER THAN JULY 1, 2023.

Mail to:
CITY OF OCALA FIRE FEE REFUND
C/O THE NOTICE COMPANY
P.O. BOX 455
HINGHAM, MA 02043

Email to:
OR claims@OcalaFireFee.com

Questions? Visit www.OcalaFireFee.com or Call Class Administrator at (800) 241-9840.