

Frank v. City of Pensacola
c/o Kroll Settlement Administration LLC
P.O. Box 225391
New York, NY 10150-5391

<<Refnum Barcode>>
<<Refnum>>
<<FirstName>> <<LastName>>
<<Address1>> <<Address2>>
<<City>>, <<State>> <<Zipcode>>

If different than the preprinted data on the left, please print your correct information.

First Name MI Last Name

Address

City State ZipCode

NOTICE OF CLASS ACTION LAWSUIT

Court-Approved Legal Notice

If you were a natural gas customer of the City of Pensacola (also known as Pensacola Energy or Energy Services of Pensacola) at any time from August 6, 2011, and your service address was inside the Pensacola city limits, you may be entitled to monetary compensation from a class action settlement.

A Court has authorized this Class Notice. This is not a solicitation from a lawyer.

Eric. L. Frank v. City of Pensacola
Case No.: 2015 CA 001298
Circuit Court for Escambia County, Florida

Settlement Class Members who seek payment from the Settlement must complete and return this Claim Form.

1. Completed Claim Forms may be mailed to the Settlement Administrator at:

Frank v. City of Pensacola
c/o Kroll Settlement Administration LLC
P.O. Box 225391
New York, NY 10150-5391

2. Completed Claim Forms may alternatively be submitted online via the Settlement Website,
www.PensacolaNaturalGasClassActionSettlement.com.

CLAIM FORMS MUST BE POST-MARKED OR SUBMITTED ONLINE NO LATER THAN ONE YEAR FROM THE ADMINISTRATOR'S COMPLETION OF THE INITIAL NOTIFICATION PROCESS.

Before you complete and submit this Claim Form by mail or online, you should read and be familiar with the Notice of Proposed Class Action Settlement ("the Notice") and the Settlement Agreement available at www.PensacolaNaturalGasClassActionSettlement.com. Defined terms (with initial capitals) used herein have the same meaning as set forth in the Settlement Agreement.

To be eligible to receive payment, you must have been a natural gas customer of the City of Pensacola at any time from Aug. 6, 2011, and your service location was inside the Pensacola city limits.

The amount you may be entitled to recover will be the sum of the Net Settlement Amount (\$12,600,000.00) multiplied by a fraction, the numerator of which is the total amount of Franchise Fees billed to the you and the denominator of which is the Total Franchise Fees Billed to All Class Members since August 6, 2011 (\$12,366,732.92). Please go to the Settlement Website for further explanation.

Certain information is needed to verify a Class Member's entitlement to receive payment. Claim Forms must include the Class Member's full name and address of service location. In addition:

- For the Class Members who are not business organizations (i.e., persons including sole proprietorships, general partnerships, and other business organizations which are not registered with the Florida Secretary of State), one of (a) driver's license number, (b) last four digits of Social Security Number, (c) date of birth, or (d) customer number.
- For those Class Members who are business organizations (i.e., business entities who are or were registered with the Florida Secretary of State): (a) federal employer identification number, (b) Consumer Certificate of Exemption (Florida Department of Revenue Form DR-14), or (c) customer number.

For more information, to update your address and/or to determine the amount to which you may be entitled, please visit the Settlement Website, www.PensacolaNaturalGasClassActionSettlement.com.

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CLAIM FORM

To submit a Claim for a Claim Entitlement Amount please complete the form below, sign, and mail to the Administrator by **no later than one year from the Administrator's completion of the Initial Notification Process.**

TO RECEIVE COMPENSATION VIA ELECTRONIC PAYMENT, PLEASE SUBMIT A CLAIM ONLINE AT WWW.PENSACOLANATURALGASCLASSACTIONSETTLEMENT.COM

Email Address: _____@_____

For those Class Members who are not business organizations, please provide (one of the following):

- Customer Number: _____
- Driver's License number: _____
- Last Four digits of Social Security Number: ____ _
- Date of birth (mm/dd/yy): ____ _ / ____ _ / ____ _

For those Class Members who are business organizations, please provide (one of the following):

- Federal employer identification number: _____
- Customer Number: _____
- Consumer Certificate of Exemption (Florida Department of Revenue Form DR-14) number: _____

SIGN AND DATE YOUR CLAIM FORM

I attest that: I am/was a named natural gas account holder with the City of Pensacola during the Class Period; I have not filed to be excluded from this Settlement; the information provided in this Claim Form is accurate and complete to the best of my knowledge, information, and belief; I have not submitted any other Claim for the same service location and have not authorized any other person or entity to do so, and know of no other person or entity has done so on my behalf; the individual submitting this Claim on behalf of a business organization has the authority to submit the Claim on behalf of the business entity; I understand that Claims may be audited for veracity, accuracy, and fraud. Improper Claim Forms can be rejected. If a Claim Form is determined not to be valid, it may be rejected; and under penalties of perjury, I declare that I have read the foregoing claim, and that the facts stated in it are true to the best of my knowledge and belief.

Signature: _____ Dated (mm/dd/yy): ____ _ / ____ _ / ____ _

Print Name: _____