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| --- | --- | --- |
|  |  |  |

[Date]

[Mr. or Ms. or . . .] [Utility Contact Name] (if you do not have a name delete the line)

[Utility Company Name]

[Utility Company Address]

[City, State Zip Code]

Subject: Utility Account Establishment Authorization

**{{**Dear [Mr. or Ms. or . . .] [Utility Contact Person’s Last Name] OR To Whom It May Concern**}}**:

By way of this letter, on behalf of the Florida Department of Environmental Protection (FEID 59-6007353), authorization is hereby granted for the establishment of an electric service account [(needed for most, but not all, systems; verify with PE) (3‑phase power)] in the name of:

State of Florida DEP – PRP

PRA # [same as FDEP Facility ID# (9 digits)]

2600 Blair Stone Road, MS 4540

Tallahassee, Florida 32399-2400

This account shall be assigned solely to the operation of site remediation equipment installed at the following location:

[Facility Name]

[Facility Street Address]

[City, State Zip Code]

FDEP Facility ID# [xxxxxxxxx]

Discharge Date(s):

Attached is a copy of the Florida Department of Environmental Protection’s (FDEP’s) tax exempt certificate. Please provide electric service equipment at your earliest convenience.

If you require additional information concerning this account, please contact me at [(xxx) xxx‑xxxx].

Sincerely,

[Site Manager’s Name]

[Sit**e** Manager’s Title]

[Name of County Program]

[e-mail address]

/[site manager’s initials (lower case)]

Enclosure (tax exempt certificate)

cc: (if e-mail address is not available) [Property Owner’s Name, (if applicable)Property Owner’s Company, Address, City, State Zip Code]

(if e-mail address is not available) (only include if the RP is not the current property owner)[Responsible Party’s Name, (if applicable)Responsible Party’s Company, Address, City, State Zip Code]

ec: (if e-mail address is available) [Property Owner’s Name, (if applicable)Property Owner’s Company – e-mail address]

(if e-mail address is available) (only include if the RP is not the current property owner)[Responsible Party’s Name, (if applicable)Responsible Party’s Company– e-mail address]

[Consultant’s Name, Consultant’s Company – e-mail address]

PRP Accounting – [PRP\_Accounting@floridadep.gov](mailto:PRP_Accounting@floridadep.gov)

[PRP County Contact Name – e-mail address]

File