

OFFICE OF THE ATTORNEY GENERAL
STATE OF FLORIDA
DEPARTMENT OF LEGAL AFFAIRS

v.

WILDWOOD HOTEL GROUP, LLC d/b/a
DAYS INN WILDWOOD I-75, DANTE S. BACALL, and DAVID LeEDWARD
MURDOCK
2018-CA-00181

CLAIM FORM/RELEASE

TO RECEIVE ANY FUNDS IN RESPONSE TO YOUR CLAIM, YOU MUST COMPLETE AND SUBMIT THIS CLAIM FORM TO THE ATTORNEY GENERAL ON OR BEFORE JANUARY 28, 2020 AT THE ADDRESS LISTED BELOW:

**Office of the Attorney General
Consumer Protection Division
3507 E. Frontage Road, Suite 325
Tampa, FL 33607**

For questions about your claim or the claims process, please contact Mr. Todd Griffin at (813) 287-7950 or via e-mail at oag.ec.tpa@myfloridalegal.com.

NAME _____
(name of the person on the rental agreement)

ADDRESS _____

CITY _____ STATE/ZIP CODE _____

EMAIL _____ TELEPHONE _____

Please provide the following information regarding your Days Inn Wildwood room rental commencing in the State of Florida between September 4, 2017 and September 30, 2017 in which you were charged and/or paid for a room during the State of Emergency instated for Hurricane Irma.

RENTAL DETAILS:

Attach documentation showing proof of charges or payment for rooms during the designated dates, September 4 through October 31, 2017 (i.e., a copy of the room rental agreement showing a charge; an invoice or receipt showing payment; a credit card statement showing payment; or other documents that reflect your payment in connection with the room rental). If you do not have such documentation for stay at Days Inn Wildwood, you may still submit a claim for consideration of a refund.

EXPLANATION FOR BASIS OF CLAIM:

In the space below, you must state and identify, under penalty of perjury, what Days Inn Wildwood mistake or conduct you believe entitles you to reimbursement for payment of room charges incurred during your stay:

I understand that my claim may be paid in full or in part, or it may be declined, depending on the details of my claim and the circumstances of my rental and payment, all pursuant to the eligibility terms set forth in the agreement between the Florida Attorney General and Wildwood Hotel Group, LLC. If I receive a refund, I hereby release all claims that I may have against Wildwood Hotel Group, LLC and its affiliates, assigns, officers, directors, and employees that relate to the refunded room charges.

By placing my name below and submitting this claim, I agree to the release terms set forth above, and I affirm that the representations made herein are true and provide my signature pursuant to the provisions of Florida Statute Section 837.06.*

(Name of Claimant)

THE CLAIM FORM/DECLARATION MUST BE SUBMITTED BY January 28, 2020. This Claim Form is used to submit your claim. A determination of eligibility will then be made.

* Your claim is submitted pursuant to an agreement between the Florida Attorney General and Wildwood Hotel Group, LLC. As such, your claim contains representations subject to Florida Statute Section 837.06: “False official statements. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.”