

**FTI**  
**AUTHORIZATION LETTER**

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Regional Income Tax Agency  
P.O. Box 470537  
Broadview Heights, Ohio 44147  
Attn: Legal Department

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Please accept this letter as your authorization to deduct from the monthly distribution check paid to the City/Village of Gahanna, from R.I.T.A., the following costs incurred by R.I.T.A as extraordinary costs in the collection of **FTI accounts**.

a) Court costs

b) I authorize RITA to forward Post-Judgment accounts to an outside law firm for further disposition at the contingency rate not to exceed 25%. As of December 2005 the current rate is 18%. I understand that RITA will verify all transactions associated with this procedure and remit any fees due on behalf of our municipality from our month-end distribution. These transactions will be identified appropriately on the month end close report.

I hereby represent and warrant to R.I.T.A. that the undersigned has full authority, on behalf of the aforesaid municipality, to authorize this deduction from the monthly distribution check from R.I.T.A. and I further warrant and represent that said deduction has been legally and properly authorized by the aforesaid municipality by Ordinance/Resolution No. \_\_\_\_\_ or by Motion (see copy of attached Minutes of Council).

Further, I understand that this authorization will continue in full force and effect until specifically rescinded by this Municipality in writing.

Very truly yours,

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Tax Administrator/Finance Director  
City/Village of \_\_\_\_\_

**EXHIBIT A**