Tenant's name and address:

_____
_____
_____
_____

Dear _____,
(Tenant's Name)

This is a notice of my intention to impose a claim for damages in the amount of $_____
(insert amount of damages)

upon your security deposit due to _____
_____.
(insert damages do premises or other reason for claiming security deposit)

This notice is sent to you as required by §83.49(3), Florida Statutes. You are hereby notified that you must object in writing to this deduction from your security deposit within 15 days from the time you receive this notice or I will be authorized to deduct my claim from your security deposit. Your objection must be sent to _____.
(insert landlord's address)

Landlord's name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

Approved for use under rule 10-2.1(a) of
the Rules Regulating The Florida Bar

The Florida Bar 2010

This form was completed with the assistance of:
Name: _____
Address: _____
City, State, Zip: _____
Telephone number: _____