

NOTICE OF INTENTION TO IMPOSE CLAIM ON SECURITY DEPOSIT

TO:

(Tenant's Name)

(Address)

(City, State, Zip Code)

Date: _____

This is a notice of my intention to impose a claim for damages in the amount of

\$_____ upon your security deposit due to _____

_____.

It 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:

Landlord's Name

Address
