

**NOTICE OF INTENTION
TO IMPOSE CLAIM ON SECURITY DEPOSIT**

_____, 20____
(date)

(names of all residents)

(rental unit address)

(city, county, state, zip)

This is a notice of Landlord's intention to impose a claim for damages upon your security deposit as indicated below. It is sent to you as required by Section 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 the landlord will be authorized to deduct its claim from your security deposit. Your objection must be sent to the landlord at the address shown below.

(street address)

(signature)

(city, state, zip)

(name and title)

(telephone number)

Amount of Security Deposit	\$	_____
Interest due	\$	_____
Total	\$	_____

Less damages and rent due:

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Total damages and rent due	\$	_____
Total due to: [] Landlord [] Tenant	\$	_____

Sent certified mail # _____ on _____

Mailed by:

(signature of person who delivered)