

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

TO: \_\_\_\_\_ Date \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State/Zip

This is a notice of the Landlord's intention to impose a claim for damages in the amount of \_\_\_\_\_ upon your security deposit as indicated below. It is sent to you as required by Florida Statutes 83.49 (3).

Amount of Security Deposit \$ \_\_\_\_\_  
Interest if due \$ \_\_\_\_\_  
Total Security Deposit and interest (if due) \$ \_\_\_\_\_

Less rent owed:

\_\_\_\_\_ \$ \_\_\_\_\_  
Damages/Cleaning

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Total Damages and Rent due: (-) \$ \_\_\_\_\_

Total due to: ( ) Landlord  
( ) Tenant \$ \_\_\_\_\_

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 following address:

\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State/Zip

**CERTIFICATE OF SERVICE**

I hereby certify that the original of the above notice was mailed to the above named via certified mail, return receipt requested on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature