

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

Sent via U.S. Certified Mail No. _____ on _____.
(Date)

(Name of Tenant(s))

(Street Address)

(City, County, State, Zip)

This is a notice of my intention to impose a claim for damage in the amount of \$ _____ (damages amount) upon your security deposit due to the following

(basis for claim). 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 fifteen (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 _____

(Name and Address).

Owner/Agent Signature

Printed Name

Company Name (if applicable)

Address

Telephone Number

SECURITY DEPOSIT CLAIM AMOUNT

Amount of Security Deposit \$ _____

Interest (if applicable) \$ _____

Total Security Deposit and Interest \$ _____

Less Rent Owed:

_____ \$ _____

(Rental Period)

Less Damages Owed:

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

5. _____ \$ _____

6. _____ \$ _____

7. _____ \$ _____

8. _____ \$ _____

9. _____ \$ _____

10. _____ \$ _____

Total Damages and Rent due: \$ _____

Total due to:

Landlord \$ _____

Tenant \$ _____