

**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**      \$ \_\_\_\_\_