

NOTICE OF INTENTION TO IMPOSE CLAIM ON SECURITY DEPOSIT

TO: _____ DATE _____
Tenant(s) Name

Tenant(s) last known address

This is a notice of the Landlord's intention to impose a claim for damages upon your security deposit. 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 the Landlord at the address shown below.

Landlord/Agent Name

Address

City

State

Zip

AMOUNTS HELD BY LANDLORD

Security Deposit	
Last Month's rent	
Interest, if due	
Other	

Total amount held by
Landlord/Agent ►

AMOUNTS OWED BY TENANT TO LANDLORD

Rent	
Damages (including extraordinary cleaning)	
Other:	
Other:	
Other:	

*rent may continue to accrue if you
vacated prior to end of the lease

Total amount owed by
Tenant(s) ►

(complete
only one of
the boxes
below) ▼

OR

Amount due to Tenant(s) ►	
Amount due to Landlord ►	

Sent certified mail # _____ on _____ 20____

Mailed by: _____

Note: This notice does not waive or limit any of landlord's rights to damages or amounts due which may exceed the security deposit or the amounts listed on this form.