

## 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*

| <b>AMOUNTS HELD BY LANDLORD</b> |  |
|---------------------------------|--|
| Security Deposit                |  |
| Last Month's rent               |  |
| Interest, if due                |  |
| Other                           |  |

Total amount held by Landlord/Agent ►

| <b>AMOUNTS OWED BY TENANT TO LANDLORD</b>  |  |
|--|--|
| 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.**