FORM 12

NOTICE OF INTENTION TO IMPOSE CLAIM ON SECURITY DEPOSIT

A Landlord must return a Tenant's security deposit, together with interest if otherwise required, to the Tenant no more than 15 days after the Tenant leaves the leased property. The Landlord may claim all or a portion of the security deposit only after giving the Tenant written notice, by certified mail to the Tenant's last known mailing address, of the Landlord's intention to keep the deposit and the reason for keeping it. The Landlord does not send the notice within the 30-day period the Landlord cannot keep the security deposit. If the Tenant does not object to the notice within 15 days after receipt of the Landlord's notice of intention to impose a claim on the deposit, the Landlord may then keep the amount stated in the notice and must send the rest of the deposit to the Tenant within 30 days after the date of the notice.

SOURCE: Section 83.49(3) Florida Statutes (2007)

FORM NOTES ARE FOR INFORMATIONAL PURPOSES ONLY AND MAY NOT COMPLETELY DESCRIBE REQUIREMENTS OF FLORIDA LAW. YOU SHOULD CONSULT AN ATTORNEY AS NEEDED.

NOTICE OF INTENTION TO IMPOSE CLAIM ON SECURITY DEPOSIT

Tenant's Name

Address

City, State, Zip Code

Date:

To:

	This is a not	ice of my i	intention to	impose a o	claim for o	lamage i	in the a	mount of	\$			
[insert	amount	of	damages]	upor	n you	ir s	security	dep	osit	du	e	to
								[inse	ert da	image	done	to
premises	or	othe	er re	ason	for	clai	ming	sec	urity		depos	it].
This noti	ce is sent to y	ou as requi	red by §83.4	9(3), Floric	la Statutes.	You ar	e hereby	y notified	that y	ou mus	t object	t in
writing to	o this deduction	on from you	ur security de	eposit with	in 15 days	from the	time yo	ou receive	this r	otice of	r I will	be
authorize	ed to deduce	ct my cl	aim from	your sec	urity dep	osit.	Your	objection	mu	st be	sent	to
					[ir	nsert Lan	dlord's a	address].				

Landlord's Name	
Address	

Phone Number _____

Approved for use under rule 10-2.1(a) of the Rules Regulating The Florida Bar

The Florida Bar 2010

This form was completed with the assistance of: Name: Address: Telephone Number: