

**SECURITY DEPOSIT WITHHOLDING NOTICE**

DATE: \_\_\_\_\_

TENANT(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UNIT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Upon vacating the premises for termination of the lease, if the landlord does not intend to impose a claim on the security deposit, the landlord shall have 15 days to return the security deposit together within interest, if otherwise required, or the landlord shall have 30 days to give the tenant written notice by certified mail to the tenant's last known mailing address of his or her intention to impose a claim on the deposit and the reason for imposing the claim. The notice shall contain a statement in substantially the following form:

This is a notice of my intention to impose a claim for damages in the amount of \_\_\_\_\_ upon your security deposit due to \_\_\_\_\_. It is sent to you as required by s. 83.49(3), Florida Statutes. You are hereby notified that you must object in writing to this deduction from your security deposit within 15 days from the time you receive this notice or I will be authorized to deduct my claim from your security deposit. Your objection must be sent to the following address: \_\_\_\_\_.

(Landlord's Address)

(Date)

\_\_\_\_\_  
Tenant\_\_\_\_\_  
Phone

Method of Service: Personal Service: \_\_\_\_\_ Mail: \_\_\_\_\_ Post: \_\_\_\_\_