DISHONORED CHECK NOTICE

_____, 20___
(date)

_____
(names of all residents)

_____
(rental unit address)

_____
(city, county, state, zip)

You are hereby notified that a check numbered ____, issued by you on _____, 20__, drawn upon _____ and payable to _____, has been dishonored. Pursuant to Florida law, you have 7 days from receipt of this notice to tender payment of the full amount of such check plus a service charge amount due being $_____. Unless the amount in paid in full within the time specified above, the holder of such check may turn over the dishonored check and all other available information relating to this incident to the State Attorney for criminal prosecution. In addition, pursuant to Florida Statute 68.065, if this amount ins not paid within 30 days, the holder of the check may file a civil action against you for three times the amount of this check plus any court costs, reasonable attorney fee, and any bank fees incurred by the payee in taking the action, and plus statutory interest.

_____ _____
(street address) (signature)

_____ _____
(city, state, zip) (name and title)

_____
(telephone number)

I CERTIFY THAT I DELIVERED THIS NOTICE TO THE ABOVE ADDRESSED PERSON(S) IN THE MANNER INDICATED BELOW ON: _____.
(date)

[ ] Handed to _____, or
[ ] Left at the premises in the absence of tenant(s), and/or
[ ] Sent first class mail (add 5 days to expiration date if mailed only).

Hand delivered or mailed by:

_____
(signature of person who delivered)