SAMPLE OF DEMAND NOTICE

_____
_____
_____

RE:

Dear _____:

You are hereby notified that a check, numbered _____, issued by you on _____, drawn upon _____, and payable to _____ has been dishonored. Pursuant to Florida law, you have fifteen (15) days from the date this notice was sent to the address printed on the check or the address given at the time of issuance to tender payment of the full amount of such check, plus a service charge (*see below for exact amount) or five percent of the face amount of the check, whichever is greater, the total amount due being $_____ and _____ cents. Unless this amount is 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.

_____,

_____
_____
_____

*** SERVICE CHARGES:** $25.00 if face value of check is $0.01 to $50.00
$30.00 if face value of check is $50.01 to $300.00
$40.00 if face value of check is over $300.00

State Attorney Duval County Office: 10 West Adams Street, Suite 110
Jacksonville, Florida 32202-3618
Tel: (904) 351-0935

State Attorney Clay County Office: 825 North Orange Avenue
Green Cove Springs, Florida 32043
Tel: (904) 269-6319

State Attorney Nassau County Office: 191 Nassau Place, Suite 4
Yulee, Florida 32097-3678
Tel: (904) 548-4700