

SAMPLE OF DEMAND NOTICE

RE:

Dear _____:

You are hereby notified that a check, numbered _____, in the face amount of \$ _____, issued by you on _____ (date), drawn upon _____ (name of bank), and payable to _____ has been dishonored.

Pursuant to Florida law, you have fifteen (15) days from the date of this notice to tender payment of the full amount of such check plus a service charge (*see below for exact amount) or an amount up to 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.

(signature)

(address)

*** 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: 311 West Monroe Street, 1st Floor
 Jacksonville, Florida 32202
 Tel: (904) 255-2557

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

State Attorney Nassau County Office: 76347 Veterans Way, Suite 2105
 Yulee, Florida 32097-3678
 Tel: (904) 548-4700