



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

Please return to:
FDACS
Division of Consumer Services
Mediation & Enforcement
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

**NICOLE "NIKKI" FRIED
COMMISSIONER**

ANSWER OF RESPONDENT

Sections 601.66 and 604.21, Florida Statutes
Rule 5J-25.009, Florida Administrative Code
Phone (850) 410-3800; Fax (850) 410-3801

1. **Complainant:** _____ d/b/a _____
(Producer) (Individual, Partners, Corp., Co-op.)

2. **Address:** _____
Street City State Zip Code Telephone

3. **Respondent** _____ d/b/a _____
(Dealer) (Individual, Partners, Corp.)

4. **Address:** _____
Street City State Zip Code Telephone

5. **Co-Respondent:** _____, as Surety for Respondent.
(Surety)

6. **Address:** _____
Street City State Zip Code Telephone

7. Complainant's claim is: admitted as valid ____, denied as valid ____, satisfied ____.

8. **AMOUNT OF ADMITTED INDEBTEDNESS:** \$ _____

9. **EXPLANATION:** _____

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

(Continue on Back)

10. **Terms of purchase** (Check appropriate line): f.o.b. _____, delivered _____, or other _____
(please specify): _____

11. **Purchased by** _____: after inspection _____, by telephone _____,
by fax _____, other _____ (please specify): _____.
From _____.

12. **In support of this answer, hereto attached is the following documentary evidence:** _____

(Invoice, Inspection Certificate, Manifest, Shipping Order, Receipt or Other.)

13. **BY COMPLETING THIS FORM I REQUEST A HEARING (PLEASE FOLLOW INSTRUCTIONS PROVIDED IN NOTICE OF FILING OF A COMPLAINT).**

14. _____
Print or Type Legal Name of Respondent

d/b/a _____

15. _____
Signature of Individual, Partner, or Officer completing this form

TITLE: _____
(Owner or Officer of Corp.)