ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

# FLORIDA BUSINESS REPLY FORM

Section 570.544(4), Florida Statutes
Rule 5J-5.002, Florida Administrative Code

*Please Reply to:*

FDACS
Division of Consumer Services
Mediation and Enforcement
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

www.800helpfla.com
1-800-HELP-FLA (435-7352) FL Only
(850) 410-3800 Calling Outside Florida

**Complaint of:** _____ **Reference No:** _____

**Corporate/Legal Name:** _____

**Fictitious/DBA Name:** _____

**Principal Address:** _____

**Mailing Address (if different):** _____

**Registration/License Number (if applicable):** _____

**Email Address:** _____ **Web URL:** _____

**Telephone:** _____ **FAX:** _____

**Owner's Name:** _____

**Name, title, phone number and email of a person to contact for additional information if necessary:**

_____

**Please state your position relative to the complaint. Include any and all relevant facts along with documentation (estimates, invoices, contracts, etc.) and specifically address any allegations of violations of regulatory rule or law:**

_____

_____ _____
**Signature** **Date**