



Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**SELLERS OF TRAVEL
CLAIM AFFIDAVIT**

Sections 559.926 – 559.939, Florida Statutes
Rule 5J-9.006, Florida Administrative Code

Case Number: _____

Please Return Completed Form to:

FDACS
Division of Consumer Services
Mediation & 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
Fax (850) 410-3804

**ADAM H. PUTNAM
COMMISSIONER**

PLEASE READ CAREFULLY AND PROVIDE **ALL** OF THE FOLLOWING INFORMATION (TYPE OR PRINT LEGIBLY)

FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY MAY RESULT IN THE DENIAL OF YOUR CLAIM

Seller of Travel Information

Your Name and Mailing Information

Name of Business

Name

Address

Address (please check the box above if new address)

City, State, and Zip Code

City, State, and Zip Code

Phone Number (Including Area Code)

Phone Number (Including Area Code)

Documents

Please provide copies of any documents listed below that will support your claim and check all that you are enclosing:

_____ Proof of payment – Cancelled check (both sides), credit card invoice or statement, voucher, etc.

_____ Contract or other written evidence of a sale of travel.

_____ Correspondence, letters, etc. (as available)

_____ Other (describe briefly): _____

Claim Information

The sale was made on: _____ / _____ / _____
Month Day Year

On _____ / _____ / _____ I learned that the travel services I contracted for were not going to be
Month Day Year furnished; **OR**, I realized that the business was not going to reimburse me
for the cost of the travel package.

NOTE: The Claim Affidavit must be submitted to the department within 120 days after an injury has occurred or is discovered to have occurred or a judgment has been entered. [s. 559.929(3), F.S.]

The total I paid the seller of travel was \$ _____ . My claim is for \$ _____ .

Please describe the circumstances leading to this claim. Please attach pages as necessary:

Consumer's Signature: _____

Date: _____

STATE OF: _____

COUNTY OF: _____

Sworn to (or affirmed) and subscribed before me, this _____ day of _____ , 20 _____ ,

by _____ , who answered the above questions.

Personally known or produced identification Type of identification produced _____

MY COMMISSION EXPIRES:

SEAL/STAMP

Notary Public Signature

Date

Notary Public Name (Please Print)