

Charles W. Drago, Secretary

Charlie Crist, Governor

NOTICE OF ESCROW DISPUTE/GOOD FAITH DOUBT

(Please Type or Print CLEARLY)

I. Broker Information

Name of broker _____ Broker license no. _____
Street address _____ Telephone _____
City _____ State _____ Zip _____
E-mail address _____ Brokerage firm _____

In compliance with Section 475.25(1)(d)1., Florida Statutes, Rule 61J2-10.032, Florida Administrative Code, be advised that broker has **(check one)**:

____ received conflicting demands
____ good faith doubt as to which party is entitled to the deposit in broker's escrow account in the amount of \$ _____

Date _____

II. Parties to the transaction

___ Seller ___ Landlord

Name _____
Street address or Box no. _____
City _____ State _____ Zip _____

___ Buyer ___ Tenant

Name _____
Street address or Box no. _____
City _____ State _____ Zip _____

III. Property

This notice concerns the property located at:

Street address _____
City _____ State _____ Zip _____