

From:

Name

Street Address

City State Zip Code

()

Telephone

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Date: _____

To:

Name

Street Address

City State Zip Code

THIS LETTER IS A DEMAND FOR PAYMENT IN THE AMOUNT OF \$ _____

I believe I am owed this amount as a result of the following facts and circumstances:

You are hereby informed that you have ten (10) days from the date of this letter to pay the demanded amount or to make a satisfactory arrangement with me to fully resolve this matter. In the event this matter is not resolved to my satisfaction, then it is my intent to file an action with Small Claims Court where I will also request that you pay the costs of suit associated with having the matter heard by the court. Please guide yourself accordingly.

Sincerely,

Signature

Print Name