



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

HEALTH STUDIO CLAIM AFFIDAVIT

Sections 501.012 – 501.019, Florida Statutes
Rule 5J-4.014(2), 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.FDACS.gov

1-800-HELP-FLA (435-7352)
(850) 410-3800
Fax (850) 410-3804

Name of Business

Address

City

State

Zip Code

(_____) _____ - _____

Telephone Number, Including Area Code

Please state your answers to the following questions based on personal knowledge:

1. What were the beginning and ending dates on your last contract?

_____ / _____ / _____ to _____ / _____ / _____
Month Day Year Month Day Year

2. What was the amount you paid for your last contract? \$ _____

3. Please describe the circumstances leading to this claim. Attach additional sheets if necessary:

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)