



NICOLE "NIKKI" FRIED
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

PAWNSHOP CLAIM AFFIDAVIT

Chapter 539, Florida Statutes
Rule 5J-13.003(3), 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) or
(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 was the pawn transaction form number for the transaction you are claiming against? _____
2. What was the date of the pawn transaction you are making a claim against?

_____/_____/_____
Month Day Year

3. What was the amount you were advanced according to the transaction form? \$ _____

4. Has a police report been filed alleging fraud in this transaction? _____ (Attach copy of report)

5. Please describe the circumstances leading to the filing of this claim: Attached additional pages as 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)