

## Letter of Notice

Date:

Department of Financial Services  
Division of Risk Management  
Bureau of State Liability Claims  
Larson Building  
Tallahassee, FL 32399-0338

From:  
Address:

To Whom It May Concern:

This is a "Letter of Notice" to inform you that I am filing a claim with the University of Central Florida.

The following is a detailed description of the incident:

Sincerely,

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Print Name

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Signature

**NOTE:**

Send original of this letter, the claim, and supporting documents to Environmental Health & Safety. Be sure to make copies for your files.