



Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

Please return to:  
FDACS  
Division of Consumer Services  
Mediation & Enforcement  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

**ANSWER OF RESPONDENT**

ADAM H. PUTNAM  
COMMISSIONER

Section 604.21, Florida Statutes  
Rule 5J-25.009  
Phone (850) 410-3800; Fax (850) 410-3801

1. **Complainant:** \_\_\_\_\_ d/b/a \_\_\_\_\_  
(Producer) (Individual, Partners, Corp., Co-op.)

2. **Address:** \_\_\_\_\_  
Street City State Zip Code Telephone

3. **Respondent** \_\_\_\_\_ d/b/a \_\_\_\_\_  
(Dealer) (Individual, Partners, Corp.)

4. **Address:** \_\_\_\_\_  
Street City State Zip Code Telephone

5. **Co-Respondent:** \_\_\_\_\_, as Surety for Respondent.  
(Surety)

6. **Address:** \_\_\_\_\_  
Street City State Zip Code Telephone

7. Complainant's claim is: admitted as valid \_\_\_\_, denied as valid \_\_\_\_, satisfied \_\_\_\_.

8. **AMOUNT OF ADMITTED INDEBTEDNESS:** \$ \_\_\_\_\_

9. **EXPLANATION:** \_\_\_\_\_  
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(CONTINUE ON SEPARATE SHEET IF NECESSARY)

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10. **Terms of purchase** (Check appropriate line): f.o.b. \_\_\_\_\_, delivered \_\_\_\_\_, or other \_\_\_\_\_  
(please specify): \_\_\_\_\_

11. **Purchased by** \_\_\_\_\_: after inspection \_\_\_\_\_, by telephone \_\_\_\_\_,  
by telegram \_\_\_\_\_, other \_\_\_\_\_ (please specify): \_\_\_\_\_.  
From \_\_\_\_\_.

12. **In support of this answer, hereto attached is the following documentary evidence:** \_\_\_\_\_

\_\_\_\_\_  
(Invoice, Inspection Certificate, Manifest, Shipping Order, Receipt or Other.)

13. **BY COMPLETING THIS FORM I REQUEST A HEARING (PLEASE FOLLOW INSTRUCTIONS PROVIDED IN NOTICE OF FILING OF A COMPLAINT).**

14. \_\_\_\_\_  
Print or Type Legal Name of Respondent  
  
d/b/a \_\_\_\_\_

15. \_\_\_\_\_  
Signature of Individual, Partner, or Officer completing this form  
  
**TITLE:** \_\_\_\_\_  
(Owner or Officer of Corp.)