## NOTICE AND DEMAND REGARDING DISHONORED CHECK - STOP PAYMENT

TO: Resident(s)	
	, Unit #
City:	, CA Zip Code:
The undersigned, hereby gives notice and demand	ds as follows;
The check (draft or order) dated:	for the sum of \$
	dollars
payable to:	was not honored (not paid).
(Bank, Depository, Pers	con, Firm or Corporation)
faith dispute as to whether you owe the full amount pay the payee the full amount of the check in cas sued and help responsible to pay at least all of the (1) The amount of the check.	
<ul><li>(2) Damages of at least \$100 or, if higher, three tile</li><li>(3) The cost of mailing this Notice.</li></ul>	mes the amount of the check up to \$1500.
	ith dispute with the payee, you will not have to pay the damages and ayment because you have a good faith dispute with the payee, you can contact the payee at:
Name of Payee:	
	, CA Zip Code:
Phone Number:	
You may wish to contact a lawyer to discuss your l	legal rights and responsibilities.
	negative credit report reflecting on your credit history may be submit- he terms of your credit obligations (CC1785.26(c)(2)).
Owner/Agent	Date





