

SAMPLE DEMAND LETTER

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

Date: _____

CERTIFIED MAIL
RECEIPT NO. _____

Dear

Your check in the amount of \$_____ has been returned unpaid by your bank. You must submit a cashier's check or money order for the amount of your check which was in the amount of \$ _____ payable to this office within 30 days from the date of this letter.

Section 1719 of the California Civil Code provides that you will be liable for damages which total three times the amount of the check, with a minimum of \$100 and a maximum of \$500, in addition to the face value of the check for failure to pay the amount of a dishonored check within 30 days from the date of this letter.

If you fail to redeem the returned check within 30 days from the date of this letter, it will be referred to the Los Angeles County Department of Treasurer-Tax Collector for enforcement in accordance with this law.

Sincerely,
