

IN THE COUNTY COURT OF POLK COUNTY, FLORIDA  
CIVIL DIVISION

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

VS.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

**CERTIFICATE OF SERVICE**  
**NON-RESIDENTIAL PROPERTY**

I HEREBY CERTIFY that a true and correct copy of the Plaintiff's COMPLAINT FOR REMOVAL OF TENANT together with a copy of the SUMMONS have been furnished by mail this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ to defendant(s) at the address described in the Summons and to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

STACY M. BUTTERFIELD, CPA  
Clerk of the Circuit Court

By \_\_\_\_\_  
Deputy Clerk

