

SECURITY DEPOSIT RETURN RECEIPT

Date

Renter / Lessee

Owner / Lessor

Name

Name

Address

Address

City, State, Zip

City, State, Zip

Balance

Security Deposit(s) \$ _____

Interest on Deposit(s) \$ _____

Deductions

Past Due Rent(s) \$ _____

Cleaning \$ _____

Carpet Cleaning / Repair \$ _____

Painting \$ _____

Fixtures \$ _____

Appliances \$ _____

Other: (specify) _____

..... \$ _____

..... \$ _____

Total of Deductions \$ _____

Your Refund -OR- Outstanding Balance \$ _____

Any outstanding balance is now due.

Service Invoices for the above deductions are attached -OR- are not attached.

Payment Instructions:

Please make checks payable to _____

Other Instructions: _____

Owner / Lessor Signature

Date