



2020 KEY RETURN FORM

DATE: _____

Resident Name (please print) _____

Address of Apartment **moving out** of:

_____ Apt. # _____

Forwarding Address for **security deposit return**:

Name _____

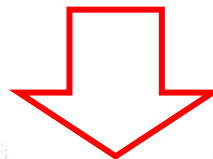
Street _____

City, State, and Zip _____

If proper forwarding address is not given, deposit return may be delayed.

Have you removed the utilities from your name (**Applies to Houses only**)? Yes No

TAPE KEYS/FOBS HERE



Number of keys/fobs returned:

***Leave Bedroom Key in BR door**

APT. DOOR _____

MAILBOX _____

SECURITY DOOR _____

OTHER _____



APT. KEY / FOB



(WRITE IN) _____



MAIL

RESIDENT'S NAME : _____

Address of Apartment vacated: _____ **Apt #** _____

Thank you! We have appreciated having you as a resident!