

FOOTHILLS PROPERTY MANAGEMENT

PO BOX 111
CLEMSON, SC 29633
864-654-1000

*** SECURITY DEPOSIT REQUEST FORM ***

YOUR APARTMENT ADDRESS:

NAME: _____

ADDRESS: _____

CITY / ZIP: _____

PHONE: (____) _____ (CURRENT PHONE #)

YOUR FORWARDING ADDRESS:

NAME: _____

ADDRESS: _____

CITY / ZIP: _____

PHONE: (____) _____

Date Apartment Will Be CLEAN & EMPTY: _____

I understand that this form must be filled out and returned to FOOTHILLS PROPERTY MANAGEMENT along with any keys to my apartment. I also understand that all requirements of section 15 in my lease have to be met in order to receive my security deposit in full. I also certify that the above FORWARDING ADDRESS is correct to this date.

Signature of Applicant

Date

----- DO NOT WRITE BELOW THIS LINE -----

Amount of Deposit \$ _____

Keys Returned _____

Less:

Keys Received _____

Cleaning _____

Date Keys Returned: _____

Carpet Cleaning _____

Ending Date (Old): _____

Power Connection _____

Amt. of Lost Rent _____

Work Orders _____

Total Deductions: _____

REFUND: \$ _____