**Security Deposit Return Request**

PLEASE COMPLETE ALL FIELDS IN THIS FORM AND SEND IT TO US WITH YOUR MOVE-OUT FORM

* Your Legal First Name \* Your Legal Last Name

 

* Your Old Address at our Apartment Complex:

*Apartment # Street Address City State Zip Code*

|  |
| --- |
|  |

* Date you moved out of our apartment complex.

Month Day Year

* Your New Forwarding Address:

|  |  |
| --- | --- |
| *Apartment # Street Address City State Zip Code* | |
| |  | | --- | |  | | |  | | --- | |  | |

* What form of payment did you use for your tenant deposit?



* Your portion of the tenant deposit was how much?



* Your E-mail Address:



* Driver’s License #:



* Did you or your roommates have any pets?



* When did you send in your notice of intent to move?

Month Day Year

Please refer to the terms of you APARTMENT LEASE AGREEMENT and to Paragraph 12 concerning DAMAGES AND REIMBURSEMENT items that may affect the return of your entire deposit. Paragraphs 25 and 26 also contain information that may affect the return of your security deposit if you have violated any of the terms therein.

**Stallings Properties ◾ P. O. Box 494 ◾ Aubrey, TX 76227 ◾ (940) 368-2737 ◾michellestallings.texas@gmail.com**