**PELLA CO.**

# **1816 N High St. COLUMBUS, OHIO 43201**

**DEPOSIT RETURN FORM**

Thank you for renting from Pella Co. It was our pleasure to serve you and we hope you will lease from us again in the future. You must complete and return this form to us so that we may return your deposit to you. *This information must be in writing; please DO NOT CALL IT IN.*

PLEASE PRINT LEGIBLY

Pella Apartment Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill in below the name and *new* address of the person on your lease you are designating to receive your apartment's deposit check. Only one check will be sent for each apartment. (No exceptions will be made!) Residents subletting from original residents should fill out their own deposit return form. Your check will be sent out within 30 days of the expiration of the lease or sublease agreement, provided this form is filled out properly and completely.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deposit paid initially \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALL RESIDENTS ON THE LEASE MUST SIGN THIS FORM BELOW to give us the authority to return your deposit as shown above. **(If your signature is illegible please print it below your name.) Thank you.**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We would appreciate any comments regarding your living experience at our property on the back of this form. We want to improve our services to you and our future residents in any way possible.

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

Initial Deposit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cleaning/Damages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Delinquent Rent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Deductions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Missing Keys \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Utilities Outstanding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deposit Balance Due \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date of Lease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ V.I.D. \_\_\_\_\_\_\_\_\_\_CK Date\_\_\_\_\_\_\_\_\_