

Security Deposit Return Release Form

To: Sharon Chang, JMS Properties

From: Residents of _____ Apt # _____

Resident(s) _____

The security deposit will be returned in the form of one check to the following person, who is responsible for the return's distribution, if applicable.

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: (____) _____

We/I have read and agreed upon the above terms. We/I understand that without completion of this form, the security deposit cannot be released.

Resident(s) signatures: _____

_____ date _____

_____ date _____

_____ date _____

_____ date _____

Resident's Name(s) (please print) _____ future phone # _____

_____ / _____

_____ / _____

_____ / _____

_____ / _____

Note This form must be completed and returned with all leased keys, including mailbox key(s).