

Nicastro Properties, LLC

Deposit Return Form

Thank you for renting from Nicastro Properties, LLC. It was our pleasure to serve you and we hope that you will lease from us again in the future. You must complete this form and return it to us so that we may return your deposit to you. This information must be turned in to our office in writing, no exceptions! We request that you mail or fax back this form no later than July 31.

PLEASE PRINT LEGIBLY

Nicastro Properties Address: _____

Lease Start: _____ **Lease End:** _____

Original Deposit Paid: _____

Please fill in below the name and new address of the person on your lease that you are designating to receive your unit's deposit check. Only one check will be sent for each unit and no exceptions will be made. Your check will be sent out within thirty days of the expiration of your lease or when we receive all of your keys- which ever is later. If this form does not contain the names and signatures of all tenants on the lease, your check will be made out as a MULTIPLE-PARTY CHECK and will need the signatures of all tenants in order to be cashed. This form must be filled out property and completely to assure timely return of your deposit.

Name: _____

Address: _____

_____ Zip Code _____

Phone #: () _____

ALL RESIDENTS ON THE LEASE MUST SIGN THIS FORM BELOW to give us the authority to return your deposit to the above named person. If your signature is illegible please print your name below your signature. Thank you for your attention to this matter. If there are more than six people on your lease, please make additional lines down the side of this page so that all tenants may sign.

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

DO NOT WRITE BELOW THIS LINE

Initial Deposit _____ Cleaning/Damages _____ Utilities Outstanding _____

Total Deductions _____ Delinquent Rent _____ Check # _____

Lease Expires _____ Missing Keys _____ Date Mailed _____