

# Security Deposit Dispute Form

Name: \_\_\_\_\_ Contact #: (\_\_\_\_\_)\_\_\_\_\_

Previous Address: \_\_\_\_\_  
Unit address Apt # City State Zip

Mailing Address: \_\_\_\_\_  
Address Apt # City State Zip

Please check all that apply, and then please detail below why you would like us to review the charge(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Amount of Deposit             | <input type="checkbox"/> Amount of Non-Refundable Fees |
| <input type="checkbox"/> Unpaid rent Charges/Credits   | <input type="checkbox"/> Late Fee Charges              |
| <input type="checkbox"/> Court Cost Charges            | <input type="checkbox"/> Keys Not Returned Charge      |
| <input type="checkbox"/> Cleaning Charges              | <input type="checkbox"/> Carpet Cleaning Charges       |
| <input type="checkbox"/> Carpet Repair Charges         | <input type="checkbox"/> Carpet Replacement Charges    |
| <input type="checkbox"/> Drapery Charges               | <input type="checkbox"/> Repair Charges                |
| <input type="checkbox"/> Yard Maintenance Charges      | <input type="checkbox"/> Hauling/Dump Charges          |
| <input type="checkbox"/> Painting Charges              | <input type="checkbox"/> Utility Charges               |
| <input type="checkbox"/> Smoke Detector Tampering Fee  | <input type="checkbox"/> Pet Violation Fee             |
| <input type="checkbox"/> Treat for fleas/pests Charges | <input type="checkbox"/> _____                         |
| <input type="checkbox"/> _____                         | <input type="checkbox"/> _____                         |
| <input type="checkbox"/> _____                         | <input type="checkbox"/> _____                         |

Please list in detail what the dispute is about: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

Please attach additional pages and information if necessary

