



BUCKEYE ABODES
614-378-8271 www.buckeyeabodes.com

Deposit Return Form

This form must be signed by all parties on the lease and returned to 2063 Summit Street, with exterior keys (please leave individual room keys in locks), no later than noon on the last day of your lease agreement.

Property Address: _____

Pursuant to your lease agreement, you must provide the name and new address of the person on your lease that you are designating to receive your security deposit return. Only one check will be sent for each property and no exceptions will be made. Your check will be sent out within thirty days of the expiration of your lease. This form must be filled out properly and completely to assure timely return of your deposit. If all parties on the lease do not sign this form, the deposit return will be a *multiple party check* which would require signatures from all tenants to be cashed.

Name: _____

New Address: _____

_____ Zip Code _____

Phone #: () _____

Email: _____

ALL RESIDENTS ON THE LEASE MUST SIGN THIS FORM. This gives 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.

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____