



jenkinsdavisson

## Request for Separate Deposit Checks

Tenant Name: \_\_\_\_\_

Tenant Email Address: \_\_\_\_\_

Tenant Phone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_

Forwarding Address: \_\_\_\_\_

\_\_\_\_\_

Select One:

- I am requesting that the security deposit refund be divided equally between tenants on the lease. I acknowledge that if the amount is not equally divisible by the number of tenants there may be a difference of \$0.01 between the checks.
- I am requesting that I receive a specific percentage of the refund: \_\_\_\_\_
- I am requesting that I receive a specific dollar amount: \_\_\_\_\_
- I waive any claim to the security deposit and acknowledge that the deposit will be refunded to other residents on the lease.

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Signature

Date

This form can be returned to the PO Box or email address listed below.