

Notice of Landlord's Claim for Security Deposit*The Residential Tenancies Act, 2006***Form 13**

Office of Residential Tenancies

- Note: 1. This form must be delivered to the tenant within 7 business days after the day on which a landlord has actual knowledge or should reasonably have known that a tenant has vacated the premises. The tenant may provide a postal or electronic address for service. Mail is deemed delivered on the 3rd business day after it is post marked, and electronic documents are deemed to be delivered on the next business day after they are sent.
2. A Tenant has two years from the end of the tenancy to dispute the Landlord's claim and request a hearing. Landlord and tenant should retain any supporting evidence. The hearing may deal with the Landlord's claims that exceed the deposit amount, if the Landlord pays the required hearing fee.
3. All information you provide is available to the public. If you need more space to provide information, add additional pages.

A. Rental Property Address _____ Suite No. _____
City/Town/Village/Legal _____ Postal Code _____

B. Tenant _____ Address _____
Phone _____
Email _____
Tenant _____ Address _____
Phone _____
Email _____
Tenant _____ Address _____
Phone _____
Email _____

C. Landlord Name _____
Saskatchewan Power of Attorney/Agent Name _____
Mailing/Service Address _____ Suite No. _____
City/Town/Village/Legal _____ Postal Code _____
Contact: Work _____ Mobile _____ Fax _____ Email _____

D. Monthly rent \$ _____ Cash security deposit (if any) \$ _____
Was a move-in and move-out inspection done? ☐ Yes ☐ No If yes, attach a copy, if not previously provided to the tenant.
Last known date of Tenancy _____ Did Tenant provide a Notice to Vacate? ☐ Yes ☐ No
If no notice was provided, when did you learn the tenant had left? _____
How did you learn the tenant had left? _____

Notice of Landlord's Claim for Security Deposit - Cont'd

CLAIM DETAILS

Rent arrears/loss: Months in arrears and/or lost: _____ mo / _____ yr to _____ mo / _____ yr \$ _____

Cleaning: # of hours _____ \$ _____

Supplies: \$ _____

Carpet cleaning: \$ _____

Other cleaning costs: \$ _____

Total cleaning costs: \$ _____

Damages: _____ \$ _____

_____ \$ _____

_____ \$ _____

Total damages/repair costs: \$ _____

Other costs/losses (specify) _____ \$ _____

TOTAL CLAIM: \$ _____

I certify all of the information on this form to be true and correct:

Signature of Landlord or Agent

Date

Tenant's Dispute Notice

I, _____, dispute the claim of the landlord and request a hearing into this matter.

Tenant

My address is _____ Suite No. _____

Contact: Work _____ Mobile _____ Fax _____ Email _____

Signature of Tenant

Date Signed

Tenant: If you dispute the Landlord's claim, deliver, email or fax this form to the Office of Residential Tenancies

Regina: 304-1855 Victoria Avenue
S4P 3T2

Toll Free Callers: 1-888-215-2222
Toll Free Fax: 1-888-867-7776
ORT@gov.sk.ca

Saskatoon: 105-122 Third Avenue North
S7K 2H6