

PELLA CO.
52 E. 15TH AVE. COLUMBUS, OHIO 43201

DEPOSIT RETURN FORM

Thank you for renting from Pella Co. It was our pleasure to serve you and we hope you will lease from us again in the future. You must complete and return this form to us so that we may return your deposit to you. *This information must be in writing; please DO NOT CALL IT IN.*

PLEASE PRINT LEGIBLY

Pella Apartment Address _____

Please fill in below the name and *new* address of the person on your lease you are designating to receive your apartment's deposit check. Only one check will be sent for each apartment. (No exceptions will be made!) Residents subletting from original residents should fill out their own deposit return form. Your check will be sent out within 30 days of the expiration of the lease, provided this form is filled out properly and completely.

Name _____

Full Address _____

_____ Zip Code _____

Phone # _____ Deposit paid initially _____

ALL RESIDENTS ON THE LEASE MUST SIGN THIS FORM BELOW to give us the authority to return your deposit as shown above. **(If your signature is illegible please print it below your name.) Thank you.**

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

We would appreciate any comments regarding your living experience at our property on the back of this form. We want to improve our services to you and our future residents in any way possible.

-----**DO NOT WRITE BELOW THIS LINE**-----

Initial Deposit _____

Cleaning/Damages _____

Total Deductions _____

Delinquent Rent _____

Missing Keys _____

Deposit Balance Due _____

Utilities Outstanding _____

Other: _____

Other: _____

Expiration Date of Lease _____

V.I.D. _____ CK Date _____