

Amount of Security Deposit: \$ _____

Total Deductions: \$ _____

Deposit Balance Due Resident: \$ _____

Balance Owed by Resident: \$ _____

If you have any questions or disagree with these charges, please call to schedule a meeting. If we do not have your current address, please provide it within 30 days. Retention of the deposit will not prevent Management from recovering any additional cost or damages. If we do not hear from you regarding the balance owed within 30 days we may seek legal or collection action to recover losses against you, which may include our costs of collection and any attorneys' fees incurred.

Sincerely,

Landlord

Date