



DEPOSIT REFUND FORM

NAME: _____

DATE RESERVED: _____ AMOUNT OF DEPOSIT: _____

DATE RECEIVED: _____ CHECK NUMBER: _____

INSPECTION DATE: _____ INSPECTED BY: _____

NO DAMAGE _____ DAMAGED: _____

RETURN FULL DEP: _____ LIST OF DAMAGES: _____

RETURNED DATE: _____

MAIL TO: _____

**ATTACH BEFORE AND AFTER PHOTOS AND INVOICES FOR DAMAGE OR
JANITORIAL**

COST OF DAMAGE OR JANITORIAL: _____

REFUND AMOUNT: _____

REFUND APPROVED BY: _____