FORWARDING ADDRESS

Date_____

Vacating Apartment Address:_____

***If a forwarding address is not submitted, the refund will go to the unit that has just been vacated. All deposits are sent back in one check to the one designated person listed below. All additional information for any deductions will be supplied with refund check. If the Lessee fails to name a "Lessee designated recipient", Lessor will at his option pick one Lessee to receive the written accounting. Any charges incurred by Lessee, REMAINING UNPAID AT LEASE TERMINATION, will be deducted from deposit refund. ANY INQUIRIES MUST BE PUT IN WRITING AND SUBMITTED TO LESSOR WITHIN (15) DAYS OF RECEIVING DEPOSIT INFORMATION. INQUIRIES MUST BE FROM NAMES ON THE LEASE NO PARENT OR GUARDIANS PLEASE.

NAME_____

ADDRESS_____

CITY_____

STATE_____ZIP_____

Home#_____Cell#_____

THIS FORM MUST BE TURNED INTO OUR OFFICE NO LATER THAN 30 DAYS BEFORE YOUR MOVE OUT DATE.

Please leave in our mail drop box slot if we are out of the office.

Harwin & Co.
75 AERO CAMINO #D
GOLETA, CA 93117
FAX: 805.845.6255
Email: info@harwincosb.com

All other Tenants initial that you agree with the person chosen.

_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/