

Date: 1/0/00

Security Deposit Refund Request

Dear _____,

The lease for the following unit ends on 01/00/00.

UNIT or ADDRESS OF RENTAL: _____.

CITY: _____ STATE _____ ZIP: 0.

TENANT(S) NAME: _____

Please return the security deposit of: \$ \$0 which was given upon lease signing. Including interest due under state law.

Keys returned to: _____.

Completed the exit inspection with: _____.

Please return the security deposit to the following address:

NAME: DMHAS/FSB.

ADDRESS: PO BOX 1240.

CITY: MIDDLETOWN STATE: CT ZIP: 06457

Please return this deposit within 21 days of the receipt of this letter or the termination of this lease, whichever is later. If a portion of the security deposit is not returned, please include a detailed statement as to amount deducted and for what (Connecticut statute 47a-21).

Sincerely,

Date: 1/0/00