FINAL BILLING NOTICE

Date:_____

Dear:_____

On _____ you deposited $ _____ with the undersigned as a security deposit on the apartment #_____rented at _____

On _____ your tenancy ended.

Enclosed is our check in the amount of $ _____ as a refund of your deposit.

____All ____A Portion of your deposit has been retained for the following reasons:

1. Non-payment of rent from _____ to _____ $ _____
2. Abandonment of unit $ _____
3. Non-payment of utility charges $ _____
4. Required repairs / cleaning as follows:
   _____ $ _____
   _____ $ _____
   _____ $ _____
   Total Cost of Repairs / Cleaning $ _____
5. Key replacement $ _____

TOTAL DAMAGES ASSESSED $ _____

SUMMARY:

Total Security Deposit	$ _____
Amount Retained	$ _____
Amount Remitted	$ _____
Damages Exceed Deposit by	**$ _____**

This amount is immediately due and payable.

If you have any questions regarding this matter, please feel free to contact us at any time.

Sincerely,

"This instituion is an equal opportunity provider."

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