

Venice Properties

Deposit Return Form

We would like to take this opportunity to thank you for renting from Venice Properties, we hope that you had a pleasurable experience with us and we hope to rent to you in the future. You must complete this form and fax it to 614-467-2091 so that we may process the return of you security deposit. This information must be in writing and cannot be called in. Please print neatly!

Address of property _____

Please fill in the name and addresses of the person (Treasurer) on the lease that you are designating to receive your apartment's security deposit. **Only one check will be sent for each apartment.** Residents that are subletting from original residents should fill out their own Deposit Return Form. Your check will be sent out within 30 days of the expiration of your lease, provided this form is filled out properly and correctly.

Name of Treasurer _____

Full Address (where check is to be sent)

Date _____

Phone # _____

Amount of initial deposit _____

All residents on the lease must sign this form below to give us the authority to return your deposit as shown above. If your signature is illegible please print below your name below the signature.

_____	_____
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_____	_____
_____	_____

Venice Properties
PO Box 938
Powell, Ohio 43065-0938