

# Contractor Security Deposit Refund Request

Unit Number: \_\_\_\_\_

Requested Refund Amount: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Date of Request: \_\_\_\_\_

Mark the appropriate box below (if yes to a balance, enter \$ amount):

Description	Yes	No
Soundproof Pictures		
Final Inspection by City		
Inspection made by Security of common areas		
Violation/Fine Balance		
Verify Check Amount and Deposit Cleared		

**Comments** (if any irregularities are reported above, please explain):

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**Circle one below:**

Full Refund / Partial Refund / No Refund

**Attached to this document must be:**

- copy of written refund request from the owner or contractor (email or document)
- copy of the original security deposit check

Prepared By: \_\_\_\_\_  
(Print Name)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_  
(Print Name)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_