

REQUEST FOR DEPOSIT REFUND

Instructions: Complete and sign the top half of this form to request a moving or construction deposit refund. Once completed, contact a board member to complete the bottom half of the form. Fax the completed form to the management company for your refund. Please allow up to 40 days to process your refund.

NAME		UNIT	
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MAILING ADDRESS	
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DEPOSIT AMOUNT	<input type="checkbox"/> \$200 Moving Deposit, \$100 of which may be eligible for refund <input type="checkbox"/> \$100 Moving Deposit (Units 1A 1B 1C 2K 2L), \$50 of which may be eligible for refund <input type="checkbox"/> Construction Deposit of \$ _____
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I hereby certify that to the best of my knowledge there was no damage to the common elements as a result of my move, except as noted on the back of this form.

Owner's Signature: _____ Date: _____

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TO BE COMPLETED BY A BRIARGATE BOARD MEMBER:

- I have inspected the common elements (hallways, elevator, garage, gates, fitness room windows, stairwells, etc.) and did not find any evidence of damage. Resident used elevator pads, did not move through lobby and followed the moving policy to the best of my knowledge. Please Refund Full Amount

- The following damage was noted:

- Owner did not follow moving policy or failed to complete a moving agreement and provide a deposit prior to move. Owner is not eligible for a refund.

Board Member: _____ Date: _____