



Date: _____

I _____, am terminating my residency in
apartment _____ and hereby request University Housing to make the
check for the refund of my security deposit less any charges payable to:

Name: _____

Address: _____

City: _____

State: _____ Zip/Postal Code: _____

Country: _____

Signature

Printed Name

\\Lexus\documents\University Apartments\Staff\NEW SYSTEM\UA ADMIN\Forms\Security deposit on letterhead.doc

Division of University Housing

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608/262-3407 Fax: 608/265-5302 TTY: 608/262-6830 www.housing.wisc.edu