

The Berkeley Condominium Association Inc.

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Office Phone: (305) 596-7039

TENANT DEPOSIT REQUEST FORM

(1) TENANT INFORMATION:

Berkeley Unit Number: _____

Tenant Name/s: _____

Telephone Number(s): _____

E-Mail Address(es): _____

Moved out Date: _____

Lease Start Date: _____ Lease End Date: _____

Amount of Tenant Deposit Provided: _____

I (We) certify that I did not cause any damages to Berkeley's elevators (yes/no): _____

If yes, explanation: _____

I (We) certify that I did not cause any damages to Berkeley's common areas (yes/no): _____

If yes, explanation: _____

I (We) certify that I did not leave any abandoned furniture, nor littered (yes/no): _____

If yes, explanation: _____

(2) COPY OF DOCUMENTS REQUIRED:

Document of Evidence of Occupancy – Lease Agreement, Letter from Owner

Copy of Tenant Deposit Check

Copy of Driver Licenses of All Adults that Occupied This Unit at Berkeley and Now Moved Out.

(3) INDICATE BELOW HOW YOU WOULD LIKE TO RECEIVE YOUR REFUND:

A. MAKE AN APPOINTMENT TO PICK UP CHECK IN PERSON:

IN PERSON: I have received my deposit in the amount of: \$ _____ Check # _____

B. RECEIVE CHECK BY MAIL. INDICATE DELIVERY NAME AND ADDRESS BELOW:

C. DIRECT DEPOSIT: ROUTING# _____ ACCT# _____

Signature

Date