



KEY RETURN FORM

Apartment address: _____

Date Key(s) turned in to Inn-Town Homes: _____

Name of Resident(s) turning in the keys: _____

Forwarding Address (Do not have to fill out if using Security Deposit in One Name Form):

Opted to use Security Deposit in One Name Form

Resident(s) Phone Number: _____

Turning in:

of door key(s): _____ Mailbox key(s): _____

If Applicable, Laundry key(s): _____ Laundry Cards: _____

If Applicable, 47 E. Frambes Outside Door Key(s): _____

If Applicable, 19 W. 10th Stairwell Key(s): _____

Resident(s) Signature

X _____

Inn-Town Homes Representative

X _____

(To be signed while documenting keys)