FORWARDING ADDRESS FORM

Address of apartm	ent you are mo	ving out of:	
Important: Please ele	ect ONE person to	receive the se	curity deposit reconciliation and provide us with
his/her forwarding ad	dress information	ı below. If a fo	rwarding address is not submitted, or if we receive
more than one form, y	our refund will b	e sent to the ap	partment that has just been vacated. This may result
in delay. We require a	ı two-week waitin	g period if a st	op payment is issued on a deposit refund.
Remember that your	refund check is n	nade payable t	o all parties on the lease. We cannot omit names
for any reason. In ord	der to cash or dep	osit the check	, all parties must sign it. If someone in your
household plans on le	aving town or wil	ll be difficult to	o reach once the check is received, NOW is the time
to complete a SECUR	ITY DEPOSIT FO	ORFEITURE F	ORM.
***Please also note to	hat this forwardin	ng address info	rmation is solely for Wolfe and Associates, Property
Services, and is not gi	ven to the US Pos	stal Service. Pl	lease contact the USPS for individual Change of
Address forms.			
Name			
Address			_
City	State	ZIP	_
() Home #	() Work #		_

WOLFE & ASSOCIATES, PROPERTY SERVICES
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