



CITY OF IONE
RENTAL SEWER DEPOSIT RETURN REQUEST

Account number: _____ Move-Out Date: _____

Rental Property Address:

Name of Renter/Lessee:

Phone Number Renter/Lessee: _____

Forwarding Address of Renter/Lessee:

Owner Mailing Address:

Owner Signature :

Date:

Renter/Lessee Signature:

Date:

FOR CITY USE ONLY

Final Amount Due on Account: _____

Amount Withheld from Deposit (if any): _____

Returned by: Check Mailed Refunded to Credit/Debit Card

Date Returned: _____ _____

Employee Initials: _____

Notes: