

# *Tuscany Lake Condominium Association, Inc.*

## **Security Deposit Refund Request**

**PLEASE SPECIFY DEPOSIT TYPE: Clubhouse FOB Deposit: \_\_\_\_\_ OR Association Deposit: \_\_\_\_\_**

Please provide the information listed below to ensure that we can contact you, if there are any issues. Kindly return this form to Sunstate Management, P.O. Box 18809, Sarasota, FL 34276 or email directly to [brian@sunstatemanagement.com](mailto:brian@sunstatemanagement.com). **PLEASE PRINT CLEARLY TO PREVENT DELAYS.**

### **Reimbursement Information:**

**Amount of Deposit:** \_\_\_\_\_ **Lease Dates:** \_\_\_\_\_

**PLEASE SPECIFY PROPERTY ADDRESS:** \_\_\_\_\_

**OWNER NAME:** \_\_\_\_\_

**LOCAL PHONE#:** \_\_\_\_\_ **CELL PHONE #:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

### **ADDITIONAL INFORMATION**

Check payable to: \_\_\_\_\_

If other, then property owner above.

**REFUND MAILING ADDRESS:** \_\_\_\_\_

If different from property address above:

\_\_\_\_\_  
\_\_\_\_\_

**FURTHER REQUESTS OR INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

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Board Approval: \_\_\_\_\_ Full Refund      Board Approval Less: \_\_\_\_\_  
(Amount) (Reason)