

Collegiate Inn

809 So. 4th Ave. #5, Pocatello, ID 83201 – (208) 233-1020

Check-Out Form

To be completed by Tenant
Tenant's Name _____
Apartment # _____
Date of Check-out _____
Forwarding Address: _____ _____
Contact Phone # _____

To be completed by Management:
(use additional page if necessary)
_____ Key Returned
_____ 30-day written notice (if no, date space was re-rented) _____
_____ Parking Sticker Returned (\$5.00)
_____ Self-Addressed-Stamped Envelope
_____ Cleaning Charges (specify) _____ _____
_____ Outstanding Rent or Late Fees (specify) _____
_____ Damage Charges (specify) _____
_____ Miscellaneous Charges (specify) _____

Computation:	Security Deposit	\$ _____
	Total Charges	\$ _____
	Refund Due Tenant	\$ _____

TO THE TENANT: Please return this completed form, your key, parking sticker, and self-addressed-stamped envelope to the management. Your deposit refund, if any, will be mailed in the envelope you provide. If no envelope is provided, your deposit refund, if any, will be mailed to the address on this form. Please note that according to the terms of your contract, your deposit cannot be used for the last month's rent. Failure to abide by the terms of the contract may cause reduction or forfeiture of your deposit.

Thank you

Collegiate Inn, LLC