

# Stewardship Properties

Please Return this form to  
**1247 Villard Street · Eugene, OR 97403-1954**  
Or you may fax it to us at  
**(541) 343-6099**

## Deposit Release Form

I, \_\_\_\_\_, formerly residing at  
Address \_\_\_\_\_ Unit # \_\_\_\_\_ City \_\_\_\_\_

Hereby release the refundable portion of my security deposit to:

New Resident Name \_\_\_\_\_

By signing below I understand that I am no longer obligated to any portion  
of the refundable security deposit for the above address.

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date