City Park Apartments 1246 & 1247 West 30th Street Los Angeles, CA 90007 Phone (323)733-6157 Fax (323)733-6543

Permission & Authorization Form for Deposit Refund

Lease Contract Period	to (Month/Day, Year) (Month/Day, Year)
	(Month/Day, Year) (Month/Day, Year)
Address & Apartment Number	1246 / 1247 Apt. #
Names of Original Tenants Separate with commas. If you subleased the unit, please indicate the names of both parties like so: A (original) / B (new).	
Deposit Amounts	My original deposit amount was \$ The amount deducted for applicable damage or cleaning fees was \$ Therefore, I will receive \$ (original amount minus damage/cleaning fees) in deposit refund.
Deposit Receipt Authorization (Fill out if you would like someone else to pick up or receive your deposit in your place.)	I,, authorize (roommate/ friend/ family/ other (circle)) to receive the deposit in my place.
Make the Deposit Check Payable to:	(Name that will be on the deposit-return-check)
Check Receival Format (Circle one.)	I would like to: Physically Pick / Have the Check Up My Check Mailed to Me If you would like the check to be mailed, fill out the forwarding address:
Signature & Date	
	(Signature) / (Date)