



Forwarding Address Form

(For Highland Hills use only)

Apartment # _____

- We **NEED** both your forwarding address and email address. *Please make sure they are legible.* We will use these to send you your Certificate of Rent Paid form and your Security Deposit.
- Tenants with deposits who have terminated their tenancy will receive their security deposit plus interest, minus any charges, within 21 days of the Lease ending date.
- **Security deposits will be refunded by E-check.** An electronic check will be sent to your email address. Just print the emailed e-check and treat it as you would any other check.
- **Please print information below:**

Name*: _____
Address*: _____
City*: _____ State*: _____ Zip*: _____
Email*: _____

If you are not living at the address,
please fill in:
In Care Of: _____
Phone*: _____

*Required fields

FOR OFFICE USE ONLY	
Date Vacating Apt.: _____	
Mail Key Returned: _____ / _____ <small>DATE INITIALS</small>	In Person/ Drop Box/ Mail (circle one)
Apt. Key returned _____ / _____ <small>DATE INITIALS</small>	Bdrm Key A B C D E: _____ / _____ <small>DATE INITIALS</small>
Parking Permit returned: _____ / _____ <small>DATE INITIALS</small>	

Name*: _____
Address*: _____
City*: _____ State*: _____ Zip*: _____
Email*: _____

If you are not living at the address,
please fill in:
In Care Of: _____
Phone*: _____

*Required fields

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Date Vacating Apt.: _____	
Mail Key Returned: _____ / _____ <small>DATE INITIALS</small>	In Person/ Drop Box/ Mail (circle one)
Apt. Key returned _____ / _____ <small>DATE INITIALS</small>	Bdrm Key A B C D E: _____ / _____ <small>DATE INITIALS</small>
Parking Permit returned: _____ / _____ <small>DATE INITIALS</small>	

If more than 2 residents, please complete on the back side.

Additional forms can be obtained at www.highlandmankato.com

If you are not living at the address,
please fill in:

Name*: _____ In Care Of: _____
Address*: _____ Phone*: _____
City*: _____ State*: _____ Zip*: _____
Email*: _____

*Required fields

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Date Vacating Apt.: _____	
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If you are not living at the address,
please fill in:

Name*: _____ In Care Of: _____
Address*: _____ Phone*: _____
City*: _____ State*: _____ Zip*: _____
Email*: _____

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please fill in:

Name*: _____ In Care Of: _____
Address*: _____ Phone*: _____
City*: _____ State*: _____ Zip*: _____
Email*: _____

*Required fields

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