

Appendix C

**Miramonte Pointe Condominium Association
Building #1
Palatine, IL 60067**

Moving Deposit Form:

Name(s) _____

Unit Number _____

Date of Move _____

Forwarding Address _____

Forwarding Phone _____

The undersigned hereby deposits the sum of \$250.00 to pay the cost of repairs to any portion of the common elements that may be damaged as a result of moving in/out of Building #1.

If no damage is done, the full amount will be refunded within two weeks following the move. If repair costs do not total \$250.00, the balance will be refunded. If repair costs exceed \$250.00, the undersigned agrees to pay the excess to Miramonte Pointe – Building #1 within two weeks after notification by the Managing Agent.

Make checks payable to: Miramonte Pointe Condo. Assoc. Bldg. #1

Mail this completed and signed form with your deposit check to:

Management Co.
Address
City, State, Zip

Signature _____

Print Name _____

Date: _____

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Office Use Only

RECEIVED DEPOSIT OF \$250.00 THIS _____ DAY OF _____.(MO./YR.)

Mgmt. Co. AUTHORIZED SIGNATURE _____

EXAMPLE