



Apartment # _____

Forwarding Address Form

This form is used for OFFICE RECORDS only.

Please contact the local post office regarding forwarding mail.

- Please make sure all information is legible. It is your responsibility to provide this information to Highland Hills Apartments so we can ensure all future tax documentation and statements can be sent appropriately to you.
- 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 via E-check.** An electronic check will be sent to the e-mail address attached to your residential portal. Print the e-mailed e-check and treat it as you would any other check.
- Do not fill in this information for anyone but yourself. Roommates may share a form but are responsible for providing the information independently. Do not fill in the office use portion regarding key returns.

RESIDENT #1

Name: _____	Phone: _____
Address: _____	State: _____
City: _____	Zip: _____
E-mail: _____	

OFFICE USE ONLY – DO NOT FILL OUT FOLLOWING INFORMATION

DATE VACATING: _____	IN PERSON – DROP BOX – MAIL
MAIL KEY (): _____	BDRM KEY (): _____
APT. KEY (): _____	DOOR FOB (): _____
PARKING PERMIT (): _____	MISC. ITEMS: _____

RESIDENT #2

Name: _____	Phone: _____
Address: _____	State: _____
City: _____	Zip: _____
E-mail: _____	

OFFICE USE ONLY – DO NOT FILL OUT FOLLOWING INFORMATION

DATE VACATING: _____	IN PERSON – DROP BOX – MAIL
MAIL KEY (): _____	BDRM KEY (): _____
APT. KEY (): _____	DOOR FOB (): _____
PARKING PERMIT (): _____	MISC. ITEMS: _____

RESIDENT #3

Name: _____	Phone: _____
Address: _____	State: _____
City: _____	Zip: _____
E-mail: _____	

OFFICE USE ONLY – DO NOT FILL OUT FOLLOWING INFORMATION

DATE VACATING: _____	IN PERSON – DROP BOX – MAIL
MAIL KEY (): _____	BDRM KEY (): _____
APT. KEY (): _____	DOOR FOB (): _____
PARKING PERMIT (): _____	MISC. ITEMS: _____

RESIDENT #4

Name: _____	Phone: _____
Address: _____	State: _____
City: _____	Zip: _____
E-mail: _____	

OFFICE USE ONLY – DO NOT FILL OUT FOLLOWING INFORMATION

DATE VACATING: _____	IN PERSON – DROP BOX – MAIL
MAIL KEY (): _____	BDRM KEY (): _____
APT. KEY (): _____	DOOR FOB (): _____
PARKING PERMIT (): _____	MISC. ITEMS: _____

RESIDENT #5

Name: _____	Phone: _____
Address: _____	State: _____
City: _____	Zip: _____
E-mail: _____	

OFFICE USE ONLY – DO NOT FILL OUT FOLLOWING INFORMATION

DATE VACATING: _____	IN PERSON – DROP BOX – MAIL
MAIL KEY (): _____	BDRM KEY (): _____
APT. KEY (): _____	DOOR FOB (): _____
PARKING PERMIT (): _____	MISC. ITEMS: _____