

Campus Community Management
FORWARDING ADDRESS FORM

The Security Deposit refund check will be made out to _____,
the person designated as your **Security Deposit Agent ("SDA")** for the property located at
_____, East Lansing, Michigan. The refund of security
deposit check will be made out to this individual only and sent along with an itemization of charges
within 30 days after the return of possession of the premises.

Please make sure the complete forwarding address is filled out neatly and accurately, as CCM will
not be liable for undelivered mail. In the event Lessee requests CCM to issue a replacement check
for the security deposit refund, Lessee will be responsible to pay the \$40.00 stop payment fee.

FORWARDING ADDRESS
(PLEASE PRINT CLEARLY)

Security Deposit Agent Name

STREET

CITY

STATE

ZIP CODE

PHONE NUMBER

This Form Completed By:

PRINTED NAME

SIGNATURE

DATE