

## SECURITY DEPOSIT REFUND / CLAIM STATEMENT (OREGON)

LEASED PREMISES	
Landlord Name:	Landlord Phone No:
Address of Leased Premises:	
City:	State: Oregon
TENANT	
Name(s):	
Forwarding Address:	
New Phone No:	Other Phone No:
Additional Information:	
CHARGES	
Security Deposit Amount Paid	\$
Other Deposits Paid	\$
Rent Credit:	\$
TOTAL CREDITS	
	\$
CHARGES	
Leaving Charges [itemize]	\$
	\$
	\$
<b>SUBTOTAL</b>	<b>\$</b>
Damage Charges [itemize]	\$
	\$
	\$
<b>SUBTOTAL</b>	<b>\$</b>
Unpaid Charges	
Unpaid Rent	\$
Uncollected Late Charges	\$
Uncollected Interest	\$
<b>SUBTOTAL</b>	<b>\$</b>
TOTAL CHARGES	
	<b>\$</b>
SUMMARY	
Amount Due to Tenant	\$
Amount Retained by Landlord	\$
Amount Due Landlord	\$
Comments:	

SAMPLE PREVIEW

CHECK ENCLOSED:             YES             NO

Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

AMOUNT DUE LANDLORD: \$ \_\_\_\_\_

If there is an Amount Due Landlord above, please forward the full amount to Landlord at the following address:

*[insert Landlord's full name and address]*

\_\_\_\_\_  
Signature of Landlord or Landlord's Representative

Date Delivered/Mailed to Tenant: \_\_\_\_\_

