

## SECURITY DEPOSIT REFUND / CLAIM STATEMENT (LOUISIANA)

LEASED PREMISES	
Landlord Name:	Landlord Phone No:
Address of Leased Premises:	
City:	State: Louisiana
TENANT	
Name(s):	
Forwarding Address:	
New Phone No:	Other Phone No:
Additional Information:	
CREDITS	
Security Deposit Amount Paid	\$
Other Deposits Paid:	\$
Rent Credit:	\$
<b>TOTAL CREDITS</b>	<b>\$</b>
CHARGES	
Cleaning Charges [ <i>itemize</i> ]	
	\$
	\$
	\$
<b>SUBTOTAL</b>	<b>\$</b>

**THIS IS A 2-PAGE FORM.**