

The Towers Owners Association, Inc.

Security Deposit Refund Request

PLEASE SPECIFY DEPOSIT TYPE: Clubhouse FOB Deposit: _____ OR Association Deposit: _____

Please provide the information listed below to ensure that we can contact you, if there are any issues. Kindly return this form to Sunstate Management, P.O. Box 18809, Sarasota, FL 34276 or email directly to Sean@sunstatemanagement.com. PLEASE PRINT CLEARLY TO PREVENT DELAYS.

Reimbursement Information:

Amount of Deposit: _____ Lease Dates: _____

PLEASE SPECIFY PROPERTY ADDRESS: _____

OWNER NAME: _____

LOCAL PHONE#: _____ CELL PHONE #: _____

EMAIL: _____

ADDITIONAL INFORMATION

Check payable to: _____

If other, then property owner above.

REFUND MAILING ADDRESS: _____

If different from property address above:

FURTHER REQUESTS OR INSTRUCTIONS: _____

Signature Date

Signature Date

Board Approval: ____ Full Refund Board Approval Less: _____
(Amount) (Reason)