

# Returning Keys Form

Property Address: \_\_\_\_\_

Name of Renter(s): \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

Notes/ Additional Information:  
\_\_\_\_\_  
\_\_\_\_\_

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Number of keys/remotes returned: \_\_\_\_\_

Receipt of carpet cleaning provided (Please Circle): YES NO

Date keys/remotes returned: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time keys/remotes returned: \_\_\_\_:\_\_\_\_ am/pm

Signature of Renter(s): \_\_\_\_\_

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### Office Use Only:

Name of Staff: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes/Comments:  
\_\_\_\_\_  
\_\_\_\_\_

