

Carlisle at Hamptons West Condominium Association, Inc.

Request for Return of Owner Security Deposit



Owner Name(s): _____ Unit Number: _____
Telephone: _____ Email: _____

Proof of Payment:

If available, please provide documentation showing payment of the original owner security deposit to the Association, such as a copy of the canceled check or other documentation evidencing payment to the Association. If supporting documentation is unavailable, please submit your request anyway. Management will review the Association's available records and will contact you if additional information is needed.

Owner Request and Certification

I hereby request the return of the owner security deposit, if any, held by Carlisle at Hamptons West Condominium Association, Inc. in connection with my purchase of the above-referenced unit, in accordance with the Association's governing documents.

I certify that the information provided is true and correct to the best of my knowledge. I understand that the Association will verify the existence of the original owner security deposit before issuing any refund and may request additional supporting documentation if necessary.

☐ I acknowledge that any approved refund will be mailed to the mailing address currently on file with the Association. If I would like the refund check mailed to a different address, I understand that I must first submit a separate Change of Mailing Address Request.

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Please submit the completed form and any supporting documentation through the Association's online Form Submission page at www.CarlisleCondo.com, or by email or mail.

-----**Management Use Only**-----

Date Request Received: _____ Deposit Verified: ☐ Yes ☐ No Verification Source: _____

Refund Amount: \$ _____ Check No.: _____ Date Mailed: _____

Mail to: Pink Paisley PM 1451 W Cypress Creek Rd. #300 Ft. Lauderdale FL 33309

eMail: Documents@PinkPaisleyPM.com

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