## **Demand for Return of Security Deposit**

In accordance with Kansas Residential Landlord and Tenant Act, KSA 58-2550(b)

To: (Landl	ord)					
Street Add	ress:					
City/State	Zip:					
On the	day of	f	, 20	_ I moved out	t of the rental ur	nit located
at (address	s):					·
The keys to	o the rent	tal unit:				
_		g returned wi	ith this dema	ınd.		
	_	-			, 20	·
14 days af charges yo days from	fter you hou might today's	nave determi claim. You a	ned the amo are required must include	ount of any ex to respond to in your respond	penses, damage this demand wi	s or other thin thirty
Send my so	ecurity d	eposit to me	at the follow	ving address:		
Name						
Street/P.O.	. BOX					
City, State	, Zip					
				using any of	the methods bel	ow:
Signature o	of Tenan	t	Date			
Deli	vered via	ı ☐Hand de	livery <b>T</b> Fi	rst Class Mail	Certified N	⁄Iail

## **Additional Information**
