

**Jamar Property Management, LLC**  
PO Box 7812, Bloomington, IN 47407  
(812) 330-8655

**TENANT DESIGNATION AND FORWARDING ADDRESS FORM**

We have forty five (45) days from the day you vacate your unit to process and return a settlement of your security deposit. We will issue one check for any balance remaining to the Designated Tenant and Address listed below, however we do require a forwarding address for each tenant. It will be the responsibility of the Designated Tenant to disburse any balance of the security deposit to the other tenants.

**It is your responsibility to return this completed form to our office. If you fail to provide correct forwarding addresses in writing, we are under no obligation to return any balance and/or settlement of the security deposit to you.**

**Designated Tenant Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date