



ALL COUNTY®
Colorado Springs
Property Management

811 South Tejon Street
Colorado Springs, CO 80903
(719) 445-7172
contact@allcountycs.com

Security Deposit Dispute Form

Resident's Name: _____
Today's Date: _____
Property Address: _____
Move-out Date: _____

Dear Valued Resident,

We hope you have enjoyed living in your All County® residence. We want to help you reclaim as much of your security deposit as possible.

Please number each item and estimate the charge. Explain why any disputed items should not be charged. Give us as much detail as possible, and provide any additional documentation you might have.

The form will expand for you, so use as much space as you need. When the form is complete, sign it and return it to our office by email, or print it and bring it in.

Thank you for filling out the dispute form. We will review it and issue a written response will by mail.

Total Number of items disputed: _____ Total of Disputed Charges: \$ _____

Disputed Item(s):