



Deposit receipt

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Name Tenant

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Apartment

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Period

Depositreceived:

- Daily leases : 2 night lease fee : \_\_\_\_\_\$
- Weekly leases : 1 week lease fee : \_\_\_\_\_\$
- Monthly leases : 1 month lease fee: \_\_\_\_\_\$

*(Please do not forget to bring to us the receipt in order to refund your deposit.)*

Signed by

Mr. / Mrs. \_\_\_\_\_

For and on behalf of the Landlord. Mr. Jozef J.L. Moons

Note: 1 copy for Tenant, one copy for Landlord