



Deposit receipt

Name Tenant

Apartment

Period

Deposit received:

- Daily Leases: 2-nights lease fee: _____\$
- Weekly Leases: 1-week lease fee: _____\$
- Monthly Leases: 1-month lease fee: _____\$

(Please do not forget to bring 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