



**OFFICE OF THE CLERK AND TREASURER
149 CHURCH STREET
BURLINGTON, VT 05401**

(802) 865-7131 TTY (802) 865-7142
FAX (802) 865-7014

REQUEST FOR HEARING RELATED TO SECURITY DEPOSIT

The information provided on this form must be complete and accurate.
(The form will be copied and available to all parties.)

TENANT'S NAME: _____ OWNER'S NAME: _____

Tenant's Current Mailing Address: _____

Owner's Current Mailing Address: _____

Tenant's Phone: (h) _____
(w) _____ Owner's Phone: (h) _____
(w) _____

Address of Rental Unit in Question: _____

Written Lease: _____ (Yes or No) Attach a copy if available

Amount of Security Deposit: _____ Monthly Rent: _____

Date Tenant Occupied this Unit: From: _____ To: _____

Person Requesting Hearing: _____

Reason for Requesting Hearing: _____

Is any person for whom a hearing is requested on active military duty? Circle one Yes No

Is there any other court proceeding currently pending related to this matter? _____

If yes, please give the case name, name of the Court and Docket Number, if available:

PLEASE RETURN THIS FORM TO:

CLERK/TREASURER'S OFFICE
CITY HALL
149 CHURCH ST ROOM 20
BURLINGTON VT 05401

THIS REQUEST MUST BE FILED WITHIN 30 DAYS OF RECEIPT OF NOTICE OF THE OPPORTUNITY TO REQUEST A HEARING OR, IN THE ABSENCE OF SUCH NOTICE, WITHIN 44 DAYS OF THE DATE THE TENANT VACATED OR ABANDONED THE RENTAL UNIT.