



HOUSING BOARD OF REVIEW

City of Burlington

149 Church Street Room 11
Burlington, Vermont 05401
(802) 865-7122

REQUEST FOR HEARING RELATED TO SECURITY DEPOSIT

The information provided on this form must be complete and accurate. Please print legibly.

TENANT(S) NAME: _____ OWNER(S) NAME: _____
(Use separate sheet to provide names & addresses for additional parties)

Tenant's Current Mailing Address: _____ Owner's Current Mailing Address: _____

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

Address of Rental Unit in Question: _____

Written Lease? _____ (Yes or No) Attach a copy if available Amount of Deposit: _____

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

Person(s) Requesting Hearing: _____

Reason for Requesting Hearing: _____

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

State law provides that a landlord who willfully fails to return a security deposit shall be liable for double the amount wrongfully withheld. (9 VSA 4461) The burden is on the tenant to prove the failure is willful. Are you requesting double damages? (Yes or 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.