



## HOUSING BOARD OF REVIEW

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 NAME(S): \_\_\_\_\_ OWNER NAME(S): \_\_\_\_\_

Tenant's Current Mailing Address:

Owner's Current Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tenant Phone: \_\_\_\_\_

Owner Phone: \_\_\_\_\_

Address of Rental Unit in Question: \_\_\_\_\_

Dates Tenant Occupied this Unit: From: \_\_\_\_\_ To: \_\_\_\_\_

Amount of Deposit: \_\_\_\_\_ Amount Withheld: \_\_\_\_\_

Notice of Withholding Received? \_\_\_\_\_ (Yes or No) Attach a copy if available

Written Lease? \_\_\_\_\_ (Yes or No) Attach a copy if available

Reason(s) for Requesting Hearing: \_\_\_\_\_ (Use additional sheets as needed)

Is any person for whom a hearing is requested on active military duty? \_\_\_\_\_ (Yes or No)

Landlords who "willfully" fail to return a security deposit are liable for double the amount wrongfully withheld. 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? \_\_\_\_\_ (Yes or No)

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 STREET, 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.**