

Madison Towers
60 Presidential Plaza
Syracuse, N.Y. 13202

Receipt for Security Deposit

Name _____ Date of Move in _____

Apt. # _____ Property Madison Towers

I, _____, paid in full my Security Deposit in the amount of _____ which is **non refundable** after 72 hours, however, it will be refunded to me at the termination of my lease as long as my apartment is in satisfactory condition as stated in the lease on page 9, # 29.

Resident

Total Security Deposit

Manager

Date