



City of \_\_\_\_\_  
**HAWTHORNE**  
\_\_\_\_\_ **Florida**

6700 SE 221<sup>st</sup> Street  
PO Box 1270  
Hawthorne, FL 32640  
Telephone (352) 481-2432  
Fax (352) 481-2437

## Parks and Recreation Deposit Return Form

Date of Rental: \_\_\_\_\_

Organization: \_\_\_\_\_

Requested By: \_\_\_\_\_

Contact Phone number: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Deposit Returned: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Deposit Retained: \$ \_\_\_\_\_

Reason deposit retained: \_\_\_\_\_

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

### City Staff Use Only:

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_