

FORM 9

APPLICATION RE DETERMINATION OF SECURITY DEPOSIT

(Pursuant to Section 10(7) of the *Rental of Residential Property Act* and section 11 of the Regulations)

TO: The Director of Residential Rental Property
P.O. Box 577
Charlottetown, PE C1A 7L1
Telephone: (902) 892-3501 or 1-800-501-6268

I was Lessee of the residential premises located at _____,
which premises I delivered up possession of on the _____ day of _____, 20____.

On the _____ day of _____, 20____, I received the attached Notice of
Intention to Retain Security Deposit from my former Lessor, _____,
of _____.

I dispute the reasons given in the Notice, and I hereby apply for a determination of the disposition of
the security deposit, for the following reasons:

DATED this _____ day of _____, 20____.

Signature: _____
[Lessee]

[ENSURE THAT NOTICE TO RETAIN SECURITY DEPOSIT IS ATTACHED]

NOTE:

- A COPY OF THIS MUST BE SERVED ON THE LESSOR. (S.10(7) OF ACT.)
- WITHIN FIVE DAYS OF BEING SERVED WITH THIS NOTICE, THE LESSOR MUST DELIVER TO THE DIRECTOR OF RESIDENTIAL RENTAL PROPERTY THE SECURITY DEPOSIT AND ACCRUED INTEREST. (S.10(9) OF ACT.)