

RECEIPT FOR KEYS & SMOKE/CARBON MONOXIDE ALARMS

Post Office Box 3462, Shell Beach, CA 93448

(Phone: R&V: 805/610-3949 or 440-3949)

Tenants: _____

Address: _____
Shell Beach, CA 93449

Resident has received the following number of keys & Smoke/Carbon Monoxide Alarms w/new batteries:

Smoke/Carbon Monoxide Alarms:	<u>03</u>	Initial _____	& _____	& _____	& _____
Front Door Entrance Keys:	<u>00</u>	Initial _____	& _____	& _____	& _____
Storage/Cabinet Room Keys:	<u>00</u>	Initial _____	& _____	& _____	& _____
Spare Key in Hide-A-Box:	<u>00</u>	Initial _____	& _____	& _____	& _____
U.S. Postal Mail-box Keys:	<u>02</u>	Initial _____	& _____	& _____	& _____
Laundry Facility Room Keys:	<u>00</u>	Initial _____	& _____	& _____	& _____
Other keys: <u>Side/Back Doors</u>	<u>00</u>	Initial _____	& _____	& _____	& _____

Resident acknowledges receipt of 1-hardwire & 2-battery Smoke/Carbon Monoxide Alarms w/new batteries.

There is a \$50.00 Replacement Cost.

Resident acknowledges receipt of the keys referred to above for the premises indicated. Resident has also given a key deposit, which is part of the Rental Security Deposit. Loss of any keys should be reported immediately to the landlord or manager. It is understood that the tenant will not add any additional locks or make any lock changes or additional keys without the landlord's specific written permission. It is further understood that if the resident is permitted to re-key or adds/changes the locks, a set of new keys will immediately be given to the landlord. At the end of the rental relationship, and once keys are all returned, the key deposit will be returned within days, as long as:

- A) The Smoke/Carbon Monoxide Alarms are in working order with new batteries and have not been damaged.
- B) The locks are in working order and have not been damaged, changed, and/or replaced
- C) All of the resident's financial obligations to the landlord and responsibilities for returning the premises to the owner have been satisfied, according to the terms of the rental agreement.

The resident acknowledges receipt of the copy of this statement:

Resident (s) Signature: _____ Date: _____

Resident (s) Signature: _____ Date: _____

Resident (s) Signature: _____ Date: _____

Resident (s) Signature: _____ Date: _____

Rental Owner/Management Signature: _____ Date: _____