

Last Name, First Name

Tech ID

Room Number

Side of Room

Key Code

Check-In Instructions

The purpose of this report is to record the condition of the space prior to and at the end of occupancy. Complete sections highlighted in gray. This report must be completed and returned to a residential life staff member within 24 hours of occupancy. A resident who fails to return this report within 10 days of occupancy is subject to a \$25 administrative fee.

I, the resident, certify this is a correct statement of the condition of the space at check-in. I accept responsibility as of this date for these items and conditions, and I understand I will be charged for all damages incurred. I further understand all of the residents, in multiple occupancy spaces, will be held jointly responsible for losses and damages.

Resident Signature at Check-In

Check-In Date

- Entry Door [lock, closure, emergency exit sign, peephole]
 - Entry Surround [touchable wall surface, room number plate]
 - Interior Doors [hardware]
 - Closet [shelf, partition, clothes rod]
 - Loft [platform, safety rail, ends, loft base, mattress]
 - Dresser [drawers, pulls, glides, expandable surfaces]
 - Desk [drawers, pulls, glides, expandable surfaces]
 - Desk Chair [base, seat, casters, swivel/tilt mechanism]
 - Window [hardware, glass, screen]
 - Blinds [pull cord, slats, head rail]
 - Heating/Cooling [radiator, thermostat, vent covers]
 - Electrical [switches, outlets, light fixtures]
 - Services Outlets [television, telephone, internet]
 - Fire Safety [sprinkler heads, smoke detector]
 - Wall Surfaces [base molding, drywall, ceramic tile]
 - Floor Surfaces [vinyl tile, ceramic tile, door thresholds, floor drain]
 - Ceiling
 - Sink [basin, faucet, drain, mirrors]
- SUITES ONLY**
- Shower [surround, faucet, showerhead, drain, curtain]
 - Toilet [tank, bowl, seat, handle, tissue holder]
 - Towel Racks [handicap bars – if applicable]

CONDITION AT CHECK-IN	CONDITION AT CHECK-OUT (√ = same condition as check-in)	Estimated \$

Check-out Information

Residents who fail to schedule an appointment to properly check-out of their space are subject to a \$50 administrative fee. Charges listed at check-out are estimates.

I, the resident, understand any damage/cleaning charges, as noted at check-out, will be billed to me. I understand additional charges may be added upon final inspection of the space. Completion of this report indicates the removal of my personal belongings; not release from my Housing Contract. Information about contract release is available from the Residential Life Office (507-389-1011).

Resident Signature at Check-out

Check-out Date

Residential Life Staff at Check-out

Check-out Date

Room Key: Returned Not Returned
 Proper Improper

White Copy: Office

Yellow Copy: To Resident at Checkout

Pink Copy: To Resident at Check-In

