					Room Condition Report Key Code MINNESOTA STATE UNIVERSITY MANKATO		
Last Name, First		Tech ID	Room Number	Side of Room			
Check-In Instr					_		
	s report is to record the condition of the space p hours of occupancy. A resident who fails to retu					pleted and returned to a resider	ntial lite statt
I, the resident, cert	tify this is a correct statement of the condition of understand all of the residents, in multiple occup	the space at check-in. I	accept responsibility as of	this date for these i	tems and conditions, and I und	derstand I will be charged for a	ll damages
incorred. Fromiler	undersiding differ residents, in monipie occup	paricy spaces, will be fie	na joining responsible for it	osses and damages	•		
Resident Signatur	re at Check-In Da	ıte					
			ANDITION LAT CHECK IN		CONDITION AT CHECK OF	: /	\
Entry Door	(lock, closure, emergency exit sign, peephole)		NDITION AT CHECK-IN		CONDITION AT CHECK-OUT	$\sqrt{1}$ ($\sqrt{1}$ = same condition as check-in	n) Estimated \$
Entry Surround	(tack-able wall surface, room number plate)						
 Interior Doors 	(hardware)						
• Closet	(shelf, partition, clothes rod)						
LoftDresser	(platform, safety rail, ends, loft base, mattress) (drawers, pulls, glides, expandable surfaces)						
• Desk	(drawers, pulls, glides, expandable surfaces)						
 Desk Chair 	(base, seat, casters, swivel/tilt mechanism)						
• Window	(hardware, glass, screen)						
BlindsHeating/Cooling	(pull cord, slats, head rail) (radiator, thermostat, vent covers)						
• Electrical	(switches, outlets, light fixtures)						
 Services Outlets 	(television, telephone, internet)						
Fire Safety	(sprinkler heads, smoke detector)						
Wall SurfacesFloor Surfaces	(base molding, drywall, ceramic tile) (vinyl tile, ceramic tile, door thresholds, floor drain)						
rioor surfacesCeiling	the first me, serame me, add mesholas, noor drain						
• Sink	(basin, faucet, drain, mirrors)						
SUITES ONLY							
ShowerToilet	(surround, faucet, showerhead, drain, curtain) (tank, bowl, seat, handle, tissue holder)						
Towel Racks	(handicap bars – if applicable)						
Check-out Info	, , ,						
	to schedule an appointment to properly check-o	out of their space are sub	piect to a \$50 administrati	ve fee Charges lists	ed at check-out are estimates		
	lerstand any damage/cleaning charges, as note	'		· ·		ection of the space. Completion	of this report
indicates the remo	val of my personal belongings; not release from	my Housing Contract. In	nformation about contract	release is available	from the Residential Life Offic	e (507-389-1011).	
						Room Key: 🖵 Returned	□ Not Returned
Resident Signatur	re at Check-out Check-out Dat	te Re	esidential Life Staff at Chec	ck-out	Check-out Date	/	☐ Improper
	White Copy: Office		Yellow Copy: To Residen	t at Checkout	Pink Copy: To	Resident at Check-In	
			.,			1	niversity Mankate
A member of the Minnesota State : (MRS/TTY). RESL169FR 07-21	system and an Affirmative Action/Equal Opportunity University. This document is available	; in alternative format to individuals with disal	bilities by calling Residential Lite at 507-389-101	11 (V), 800-627-3529 or /11	MINNESOTA STAT	A member of Minr	**
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						Room Condi	tion Report
Last Name, First	Name	Tech ID	Room Number	Side of Room	Key Code		
Check-In Instr	ructions				MINNESOT	a State Universi	ITY Mankato
	s report is to record the condition of the space p					pleted and returned to a resider	ntial life staff
	hours of occupancy. A resident who fails to retu tify this is a correct statement of the condition of		, , ,	•		daratanad Lucill ba abarraad for a	II damaaa
incurred. I further	understand all of the residents, in multiple occup	pancy spaces, will be he	accept responsibility as of all jointly responsible for l	osses and damages		derstand i will be charged for a	ii damages
Resident Signatur	re at Check-In Da	te					
			NDITION AT CHECK-IN		CONDITION AT CHECK-OUT	$\sqrt{1}$ ($\sqrt{1}$ = same condition as check-in	n) Estimated \$
 Entry Door 	(lock, closure, emergency exit sign, peephole)		TADITION AT CHECK IN		CONDITION AT CITECT OUT	(V = same condition as check in	I) Esimaleα ψ
Entry Surround	(tack-able wall surface, room number plate)						
 Interior Doors 	(hardware)						
Closet	(shelf, partition, clothes rod)						
• Loft	(platform, safety rail, ends, loft base, mattress)						
DresserDesk	(drawers, pulls, glides, expandable surfaces) (drawers, pulls, glides, expandable surfaces)						
DeskDesk Chair	(base, seat, casters, swivel/tilt mechanism)						
Window	(hardware, glass, screen)						
Blinds	(pull cord, slats, head rail)						
Heating/Cooling	(radiator, thermostat, vent covers)						
ElectricalServices Outlets	(switches, outlets, light fixtures) (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	therein former dente						
Sink SUITES ONLY	(basin, faucet, drain, mirrors)						
• Shower	(surround, faucet, showerhead, drain, curtain)						
• Toilet	(tank, bowl, seat, handle, tissue holder)						
 Towel Racks 	(handicap bars – if applicable)						
Check-out Infe	ormation						
Residents who fail	to schedule an appointment to properly check-o	out of their space are sub	eject to a \$50 administrati	ve fee. Charges liste	ed at check-out are estimates.		
I, the resident, und	derstand any damage/cleaning charges, as note	ed at check-out, will be b	pilled to me. I understand	additional charges r	may be added upon final insper	ection of the space. Completion	of this report
inaicates the remo	val of my personal belongings; not release from	my nousing Contract. I	mormation about contract	reiease is available	nom me kesidential Lite Offic	e (၁୦/-Ა४४-१०११).	
						1	□ Not Returned
Resident Signatur	re at Check-out Check-out Dat	ie Re	esidential Life Staff at Chec	ck-out	Check-out Date	Check-out: 🖵 Proper	☐ Improper
	White Copy: Office		Yellow Copy: To Residen	t at Checkout	Pink Copy: To	Resident at Check-In	
					* *************************************	A 45	