

Housing and Residence Life DAMAGE CLAIM FORM

Residence Hall	Room#	Unit #
claim responsibility for any	damages or missing inal check out, it sin	d for damages to your room or apartment, please use this form to items not listed on your RIF at the time of check in. This form nply gives each roommate an opportunity to claim damages st bills.
declared at check in, the	bill for repair or rep	our input now. If no one claims a damage that was not placement will be divided equally among all of the residents. Its must be cleaned prior to departure to avoid a cleaning charge.
This form should be retu out of the room/unit/apa		sk of your residence hall prior to the first occupant checking
		ges. We understand that the person(s) listed as responsible ll be billed for the repair and/or replacement costs.
DAMAGE OR MISSING IT	ГЕМ:	PERSON TO BE BILLED (PLEASE PRINT):
·		list any additional damages or missing items)
EACH RESIDENT MUST	SIGN HERE:	
Signature		Print Last Name

If one or more of your roommates has already vacated the room/unit/apartment or is not present to complete this form, please only print their name in the space(s) above. A Housing and Residence Life Staff Member will verify this information. Falsifying this information could result in substantial consequences and result in judicial action.



Supplemental Damages

Residence Hall	Room#	Unit #			
DAMAGE OR MISSING ITEM:			PERSON TO I	BE BILLED (PLEASE PRIN	T):
	-				
	-				
IF YOU NEED TO PROVIDE A IN YOUR ROOM/UNIT/APART DAMAGES IN YOUR ROOM/U AMONGST ALL RESIDENTS,	MENT PLEASE DO NIT/APARTMENT	O SO IN THE THAT ARE P	SPACE PROVI	DED BELOW. IF THERE A ARE TO BE DIVIDED	
Note: A final inspection of your lupon inspection, staff may discand students will be billed according.	over additional dan	nages. <u>All da</u> ciate your assi	mages will be a stance in the ch	reported to the Housing Officeck out process.	
ADDITIONAL DAMAGES:	PERSOI	N RESPONSI	BLE:	ACCORDING TO:	
					