NAME _____ ROOM NUMBER _____

ROOM KEY NUMBER _____

MAILBOX KEY NUMBER _____

HERTEL HALL ROOM CONDITION AND INVENTORY FORM AND INVENTORY REPORT

Key
N=New
E=Excellent
G=Good
F=Fair
P=Poor

Each student is responsible for their room. Any room damage that is not considered normal wear and tear will be billed to the student. If you fail to make an appointment with a Residence Life staff member upon check-out, you may forfeit your right to appeal any damage charges should they be incurred.

CHECK IN DATE _____ **CHECK OUT DATE _____**

ITEM	QUANTITY	QUALITY	COMMENTS	QUANTITY	QUALITY	COMMENTS
Desk						
Desk Chair						
Desktop Bookcase						
Bed Frame						
Mattress						
2 Drawer Underbed Storage Unit						
4 Drawer Dresser						
Wardrobe & Mirror						
Window						
Window Blind						
Window Screen						
Smoke Detector						
Floor						
Ceiling						
Door-Interior/Exterior						
Light & Electrical Outlets						
Baseboard						
Baseboard Heater						
Walls						
Internet Connection						
Overall Cleanliness						
Other						

CHECK IN

I have reviewed the above assessments and agree to the stated conditions.

_____ _____
Signature Staff

CHECK OUT

I understand that a final inspection of my room will occur at a later date by the Assistant Director of Residence Life for the purpose of assessing room condition and/or damages.

_____ _____
Signature Staff