ARKANSAS STATE UNIVERSITY – BEEBE ROOM CONDITION REPORT

Name:		ID#:			Room Number:	Key Code:
Condition Ratings: N/A – Not Applicable New – New or Reconditioned ST/SO – Stained/ Soiled	aste # & size)				d	
	Check In Condition:	Check In Cor	mments	Check Out Condition:	Check Out Comments	Additional Staff Notes
ENTRY SPACE		ENTRY SP	ACE	ENTRY SPACE	ENTRY SPACE	
Key/Door/Lock/						
Mirror Sink Area/ Counter Top						
Closet/Closet Shelf						
Fire Escape Plan						
BEDROOM		BEDROO	M	BEDROOM	BEDROOM	
Walls						
Windows/ Blinds						
Floor Tile						
Ceiling Tile						-
Lights/Outlets						
Bed Frame Bed Mattress						
Desk						
Desk Chair						
Dresser/Drawers						
Black Router Boxes/Cord						
White Cable Box/ Cord/ Remote						
Smoke Detector						
BATHROOM		BATHRO	ОМ	BATHROOM	BATHROOM	
Thermostat Room Door Surface/ Knob/Lock						
Lights						
Shower						
Shower Head						
Shower Rod						
Toilet						
Toilet Paper Dispenser						
Towel Bars(s)						-
Walls/Tiles/Floor General Cleanliness						
Write any additional comments in this space:						
white any additional commi			RETURNED: ☐ YES; ☐ NO PO BOX KEY RETUNED: ☐ YES; ☐ NO R CHECKING-OUT: ☐ T; ☐ DNCO; ☐ AW; ☐ AS; ☐ FA; ☐ NS; ☐ E; ☐ CO			
	APPLICATI	ION FEE PROCCES	N FEE PROCCESSING: ☐ TRANSFER; ☐ FORFEIT			
	NEW ROO	M: □ HORIZON I	: ☐ HORIZON HALL; ☐ LEGACY HALL; ROOM #:; ☐ SINGLE ROOM			
Please read and sign before and after check-in and check-out :						
I, resident in above named community, understand that I am responsible for the condition and furnishings of this room and for any damage beyond reasonable wear and tear that may occur during my residency; that any alterations to the room or its contents are prohibited; and that all residents of any specific room may be held jointly responsible for damages. Failure to follow check-out instructions may also result in improper check-out charges. Student staff will note preliminary damages and may list responsible persons; final decisions are made by professional staff. Please inquire with the Housing Office should you desire a copy of this form.						
CHECK-IN:		CHECK-0	CHECK-OUT:			
Resident Signature	Date	Resident Signature	Resident Signature Date			
Staff Print Name Date			Staff Print Name	Staff Print Name Date		
			Hall Director	Hall Director Date		
			Office of Student Li	Office of Student Life Date		
				Housing Special Circumstance Committee: ☐ APPROVE, ☐ DENY		
			9-7		- ,	