

DAMAGE CLAIM FORM

BUILDING NAME: _____ **ROOM / APARTMENT#:** _____

To help us ensure that your roommates are not unjustly billed for damages to your room or apartment/suite, please use this form to claim responsibility for any damages or missing items. ***This form gives each roommate an opportunity to claim damages and helps the Student Housing and Residence Life staff avoid unjust billing.***

If no one claims a damage that was not noted on the online room inventory form or submitted via maintenance request during the academic year, the bill for repair or replacement will be divided equally among the residents. You should also note that rooms / apartments / suites should be cleaned prior to departure to avoid a cleaning charge.

To claim damage:

1. Discuss with your fellow apartment/roommates areas of concern.
2. Resident(s) claiming charge must complete the form and provide signature as required.
3. Resident(s) claiming charge must submit in-person to their RA or RLC. No forms will be accepted if submitted by someone other than resident(s) claiming charge and/or provided in envelope to door or mailbox.
4. The apartment will receive a copy of the form, and this should be attached with your apartment's copy of the Resident Cleaning Agreement and taped on refrigerator for shared viewing.

PLEASE CHECK THE APPROPRIATE STATEMENT

_____ I/We would like to claim the following damages. I/We understand that the person(s) listed as responsible for each damage will be billed for repair and / or replacement costs:

DAMAGE/MISSING ITEM	PERSON TO BE BILLED	NET ID
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use the back of this page to list any additional damages or missing items)

DO NOT WRITE BELOW THIS LINE - - FOR OFFICE USE ONLY

DATE RECEIVED: _____

ADDITIONAL DAMAGES:

PERSON RESPONSIBLE:

**STAFF MEMBER
& DATE REVIEWED:**

_____	_____	_____
_____	_____	_____
_____	_____	_____