

# SOUTH GEORGIA COLLEGE RESIDENCE HALL ROOM CONDITION REPORT

Name: \_\_\_\_\_  
 First Last MI  
 SGC ID#: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 Street  
 City State Zip  
 Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Room Key # \_\_\_\_\_ Returned \_\_\_\_\_ Not Returned \_\_\_\_\_

ITEM	NO.	CHECK-IN CONDITION	NO.	CHECK-OUT CONDITION	BILL FOR	AMOUNT
<b>COMMON AREA:</b>						
Emergency Procedures (wall next to suite door)	1					
Thermostat	1					
Floor	1					
Ceiling	1					
Walls	4					
Door	2/3					
Door Lock	2/3					
Overhead Light	1/3					
Overhead Light Switch	1/3					
Smoke Detector	1/2					
Sprinkler	1/4					
Ceiling Fan/Light	0/1					
Phone Jack	0/1					
Cable TV Outlet	0/1					
Electrical Covers	3/11					
Data Port (orange)	0/1					
Mirror	1/2					
Medicine Cabinet	2/4					
Vanity Light	5/10					
Vanity (top, drawers, doors)	1/2					
Sink	2/4					
<i>ONLY in 4 bedroom unit:</i>						
Couch	1					
Chair	2					
TV Stand	1					
Coffee Table	1					
Side Table	1					
Corner Storage Shelving	6					
<b>BATHROOM(S):</b>						
Floor	1/2					
Ceiling	1/2					
Walls	4/8					
Door	1/2					
Door Lock	1/2					
Toilet	1/2					
Shower	1/2					
Shower Rod	1/2					
Towel Rack	1/2					
Toilet Paper Holder	1/2					
Light Switch	1/2					
<b>BEDROOM:</b>						
Bed Frame	1					
Mattress	1					
Dresser	2					
Closet Walls	1					
Closet Storage Unit	1					
Ceiling Fan/Light	1					
Fan/Light Switch	1					
Desk	1					
Chair	1					
Window Blinds	1/2					
Window	1/2					
Window Sill/ Ledge	1/2					
Door	1					
Door Lock	1					
Cable TV Outlet	1					
Electrical Covers	5					
Data Port (orange)	1					
Smoke Detectors	1					
Ceiling	1					
Floor	1					
Walls	4					
COMMENTS				Room Key Not Returned		
				Improper Room Change		
				Improper Check-Out		
				Room Not Cleaned		
				TOTAL AMOUNT		

BY SIGNING THIS FORM YOU AGREE TO THE CONDITION OF THE ROOM AND FURNISHINGS AS NOTED. ITS IS IN YOUR BEST INTEREST TO MAKE SURE THAT EVERY ITEM IS CAREFULLY CHECKED. **RESIDENT MANAGER MUST BE NOTIFIED OF ANY DISCREPANCIES IN CONDITION OF ROOM WITHIN 24 HOURS OF CHECK-IN.** YOU ARE RESPONSIBLE FOR ANY DAMAGES OR LOSS OF ANY ITEM WHICH OCCURS DURING YOUR PERIOD OF OCCUPANCY. RESIDENTS ARE ALSO HELD COLLECTIVELY RESPONSIBLE FOR DAMAGES WHICH OCCUR IN COMMON AREAS OF THE BUILDING.

PLEASE REFER ANY QUESTIONS YOU MAY HAVE TO YOUR RESIDENT ASSISTANT OR RESIDENT MANAGER.

<b>CHECK-IN</b>	<b>CHECK-OUT</b>
Resident Signature: _____ Date: _____	Resident Signature: _____ Date: _____
Staff Signature: _____ Date: _____	Staff Signature: _____ Date: _____

Bldg: \_\_\_\_\_  
Room#: \_\_\_\_\_  
Name: \_\_\_\_\_