

**UNIVERSITY OF GEORGIA  
RESIDENCE HALL ROOM INVENTORY CARD**

**CHECK-IN**

**CHECK-OUT**

Name: \_\_\_\_\_  
 Last First M.I.  
 I. D.#: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_  
 Home Address #: \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip

**Room Key#:**  
 \_\_\_\_\_  
**Mailbox Key#:**  
 \_\_\_\_\_

Room Change To: \_\_\_\_\_ / \_\_\_\_\_  
 Bldg. Room #  
 Forwarding Address #: \_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City State Zip

ITEM	NO.	CONDITION	NO.	CONDITION	AMOUNT BILLED
Room Door/Lock/Knob					
Peep Hole					
Light Switch					
Overhead Light/Cover					
Smoke Detector					
Cable/Data Ports					
Phone Jack					
Electrical Covers					
Bulletin Board					
Mirror					
Window Blinds					
Window/Screen					
Closet/Wardrobe					
Towel Bar					
Bed Frame/Springs					
Mattress					
Guard Rail					
Desk Light					
Desk/Shelves					
A/C-Heater-Thermostat					
Sink/Medicine Cabinet					
Walls					
Floor Tile/Carpet					
Ceiling Tile					
Chair					
Dresser					
Wastebasket					
Doors (Suite)					
Vanity (Suite)					
Tub/Shower (Suite)					
Toilet (Suite)					
Mirror (Suite)					
Floor Tile (Suite)					
Wall/Ceiling (Suite)					
Lights (Suite)					
Fan (Suite)					
<b>Check-in Comments:</b>				Mailbox Key Not Returned (where applicable) (\$45.00)	
				Room Key Not Returned (\$45.00)	
				Improper Room Change (\$50.00)	
				Improper Check-out (\$25.00)	
<b>Check-out Comments:</b>				Room Not Cleaned (Minimum \$35.00)	
				Other	
				<b>TOTAL AMOUNT</b>	

By signing this form you agree to the condition of the room and furnishings as noted. It is in your best interest to make sure that every item is carefully checked. Your community office must be notified of any discrepancies in the condition of the room within 24 hours of check-in. You are responsible for any damages or any loss of items that occurs during your period of occupancy. Residents are also held collectively responsible for damages that occur in common areas of the building. This room inventory card must be signed again when you check out of the room. Failure to do so will result in a \$25.00 fee. Please refer any questions you may have to your Resident Assistant, Graduate Resident, Residence Hall Director, Area Coordinator or Community Administrative Assistant.

**CHECK-IN** **CHECK-OUT**

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_ Resident Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Building: \_\_\_\_\_  
 Room #: \_\_\_\_\_  
 Name: \_\_\_\_\_