



RESIDENTIAL DAMAGE AND FEE RESPONSIBILITY FORM

PLEASE PRINT IN INK

LAST NAME FIRST NAME MIDDLE NAME

UIN EMAIL ADDRESS HOME/CELL NUMBER

CAMPUS BUILDING NAME ROOM NUMBER

PERMANENT ADDRESS CITY STATE/ZIP

I would like to accept responsibility for the following:

- Health and Safety Violation – Prohibited extension cord or appliances.
- Health and Safety Violation – Blocking sprinklers.
- Health and Safety Violation – Negligent cooking alarm.
- Health and Safety Violation – Possessing candles or incense
- Health and Safety Violation – Burning candles or incense
- Damage – In a shared bedroom/bathroom/common are within the suite/apartment
- Damage – Community damage within the residence hall/complex
- Unapproved room change – Resulted in roommate being charged for extension fees. I took occupancy of my roommate’s room after they checked out.
- Unapproved guest stay – Resulted in my roommate being charged for extension fees. My guest stayed in my roommate’s bedroom after my roommate checked out.
- Other – Please describe below.

Please provide a description of the damage you are accepting responsibility for.

By signing the Residential Damage and Fee Responsibility form you are taking full responsibility for all costs associated with the damage that occurred or fee assigned as a result of a residence hall violation. Damage charges or residential fees will be removed from your roommates'/suitemates'/residential communities' individual accounts and reassigned to your individual account.

Signature

Date