

# UNIVERSITY VILLAGE PHASE I INSPECTION FORM



THE UNIVERSITY OF  
TENNESSEE

MARTIN

Office of Housing

Items remaining in the room after check out will be disposed. Additional damages will be charged to the resident. If the item is in good condition, write "OK" in the IN column. Please do not use check marks.

	IN	OUT
<b>Bedroom</b>		
Walls		
Room Door		
Closet Door		
Closet Rod / Shelves		
Window / Screen / Blinds		
Desk		
Study Chair		
Bed Frame		
Mattress		
Mattress Cover		
Dresser		
Light Fixtures / Ceiling		
Carpet		
Smoke Alarm		
Electrical Outlets		
Cable/Ethernet Cover		
<b>Bathroom</b>		
Bathroom Door		
Walls		
Mirror/ Medicine Cabinet		
Bathroom Cabinet		
Toilet		
Bathroom Sink		
Bathroom Tub/Shower		
Bathroom Floor		
Towel Rod		
<b>Common Area</b>		
Walls		
Suite Door / Peephole		
Coffee Table		
End Table		
Sofa		
Sofa Chair		
Carpet		
Light Fixtures / Ceiling		
Laundry Doors		
Washer/Dryer		
Entertainment Center		
Electrical Outlets		
Cable/Ethernet Cover		
Thermostat		
Balcony/Glass Door/Blinds		
<b>Kitchen</b>		
Oven/Range		
Vent Hood		
Kitchen Sink		
Kitchen Floor		
Kitchen Counter		
Refrigerator		
Dishwasher		
Dining Room Table		
Chairs (# )		
Bar Stools (# )		
Cabinets		
Pantry		

Resident's Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Date Checked In: \_\_\_\_\_

Building: \_\_\_\_\_ Room#: \_\_\_\_\_ A / B / C / D

KEY CODE		
	IN	OUT
<b>ROOM</b>		
<b>Date Checked Out:</b>		
<b>Reason Checking Out:</b>		
<b>Express Check Out:</b>	YES or NO	

**I HEREBY AGREE THE  
INFORMATION ON THIS FORM IS  
CORRECT AND ACCURATE:**

RESIDENT ASSISTANT SIGNATURE IN:

STUDENT SIGNATURE IN:

RESIDENT ASSISTANT SIGNATURE OUT:

STUDENT SIGNATURE OUT:

**Address:** \_\_\_\_\_

Street Address

City State Zip

**UTM Email:** \_\_\_\_\_@ut.utm.edu

**Cell Number:** ( \_\_\_\_\_ ) \_\_\_\_\_

*For Office Use Only*

Emotional Support Animal: Y or N		Date Approved:	
Item Damaged	Qty	Repair Cost	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
<b>Total Cost of Damages:</b>		\$	