

UNIVERSITY VILLAGE PHASE II 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
Bedroom		
Door		
Walls		
Floor		
Window		
Window Screen & Blinds		
Desk		
Study Chair		
Bed Frame		
Mattress		
Mattress Cover		
Dresser		
Night Stand		
Under Bed Storage (#)		
Closet Rod and Shelf		
Light Fixtures/Globes		
Smoke Alarm		
Electrical Outlets		
Cable/Ethernet Cover		
Bathroom		
Bathroom Doors		
Bathroom Floor		
Bathroom Walls		
Bathroom Ceilings		
Bathroom Sink		
Mirror/ Medicine Cabinet		
Bathroom Cabinets		
Toilet		
Bathroom Tub/Shower		
Shower Curtain		
Common Area		
Suite Door/Peephole		
Walls		
Carpet/Floor		
Ceiling		
Coffee Table		
Windows		
Window Screens & Blinds		
Couch		
Chairs		
Overhead Lights		
End Table		
Electrical Outlets		
Entertainment Bench		
Thermostat		
Cable Connection/Ethernet		
Washer/Dryer		
Kitchen		
Kitchen Floor		
Kitchen Counter		
Kitchen Sink		
Cabinets		
Refrigerator		
Range		
Bar Stools (#)		

Resident's Name: _____

Student ID Number: _____

Date Checked In: _____

Building: _____ Room#: _____ A / B / C / D or P

KEY CODE		
	IN	OUT
ROOM		
Date Checked Out:		
Reason Checking Out:		
Express Check Out:	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

\$

\$

\$

\$

\$

\$

\$

Total Cost of Damages:

\$