

Fall 2019

Beta Chi of Kappa Sigma

Room _____

Room Move-in Checklist

The members living in the house should inspect their room for any deficiencies and complete this form. It shall be submitted to the House Fund within ten (10) days after the date of moving in. Any amendments to this form must be submitted to the house fund in writing within five days from the date this check list is performed. Upon completion, submit this form to the House Manager, who will forward a copy to: StephenJHoffmann@gmail.com, Treasurer of the House Fund

Occupants: _____

EC Member: _____

Item Checklist

Please review the contents of your room for any missing or damaged items and list them below. You may take dated pictures of any damage. The list shown below, while comprehensive, may not be complete. You may choose to add additional items to the checklist.

Please circle all items with damage and write the details below.

Bedroom / Living room:

Bed | Mattress | Mattress Cover | Desk | Desk Chair | TV Stand | Ceiling fan & Light | Smoke Detector | Ceiling | Walls | Door(s) | Door Lock | Tackboard | Room Number | HVAC unit | Window(s) | Blinds | Carpet | Floor Tile | Sofa | Closet Shelving | Receptacles | CATV or Ethernet connections | other items

Suite Rooms including Bathroom:

Furniture | Ceiling Fan & Light | Lamp(s) | Receptacles | CATV or Ethernet connections | Countertop(s) | Cabinets (shelves/ drawers/knobs) | Ceilings | Walls | Flooring | Exhaust fan | Mirror(s) | Shower | Toilet | Towel bar | Light fixtures | other items

Provide details of any damage:

(Use the above line to include additional signatures for the common Suite Rooms.)