

Resident Statement of Responsibility for Damages

**UNIVERSITY OF HARTFORD
OFFICE OF RESIDENTIAL LIFE**

BUILDING/AREA _____ **UNIT#** _____

In an effort to be fair and consistent with our damage billing system, the Office of Residential Life is providing this form as an opportunity for individuals to take responsibility for any damages they have caused during the academic year. By taking responsibility for specific damages, you will be acting in the most responsible manner and accepting the charges billed for the specific damage.

List all items for which you wish to claim responsibility and return this form to the

DAMAGE RESPONSIBILITY

<i>Location</i>	<i>Item</i>	<i>Detail</i>	<i>Location</i>	<i>Item</i>	<i>Detail</i>

By signing below, I agree that this document is complete and I am taking responsibility for all items indicated.

Resident Name (Print)	Room Assignment	Check-out Date/Time	Resident Signature	RA Initials

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OFFICE OF RESIDENTIAL LIFE**

BUILDING/AREA _____ **UNIT#** _____

In an effort to be fair and consistent with our damage billing system, the Office of Residential Life is providing this form as an opportunity for individuals to take responsibility for any damages they caused. By taking responsibility for specific damages, you will be the only person billed for such.

List all items for which you wish to claim responsibility and return this form to the Residential Life staff when you check out.

DAMAGE RESPONSIBILITY

<i>Location</i>	<i>Item</i>	<i>Detail</i>	<i>Location</i>	<i>Item</i>	<i>Detail</i>

By signing below, I agree that this document is complete and I am taking responsibility for all items indicated.

Resident Name (Print)	Room Assignment	Check-out Date/Time	Resident Signature	RA Initials