College of the Ozarks Check-in/ Check-out Form

Occupant: Last name		First	Middle
RESIDENCE HALL:		ROOM	
Note to R.A.s: It is important that you are specific in reporting the condition of the items in the room. Damage charges will be assessed using this information at check-out.		Note to Student: \$100 can be charged to your account if you fail to properly checkout of this room or move by the appointed time.	
Items	Check-in Condition	Check-out Condition	7
Heater/AC Unit			Total shares and
Room Door			Total charges and fees owed:
Room Locks			- Ices oweu.
Bookshelves			
Bulletin Boards			
Ceilings			
Chairs			
Chest of Drawers			Von Detromed
Closet Doors			Key Returned
Desk]
Floors			RA Initials
Lights			
Bed			
Mattresses			
Walls			Forwarding Addres
Windows			
Window Screen			
Venetian Blinds			
Bathroom Sink			
Bathroom Shower			
Bathroom Doors			
Mirrors			
I, the undersigned, accept this room and the furnishings as noted above.		I, the undersigned, agree with the inventory and conditions stated above	
Signature		Signature	
Occupant date			cupant date
Hangtag RA Signature		I have told this student to check out with the Registrar's office and turn in their and ID. RA Signature	