



Western Texas College
Check-In/Check-Out Room Condition Form

Name:			ID#:		RM#:
CHECK-IN			CHECK-OUT		
ITEM	QTY	CONDITION	QTY	CONDITION	DAMAGE \$
Bathroom:					
Door					
Door lock					
Floor					
Walls					
Counter top					
Faucets					
Sinks					
Cabinet					
Mirrors					
Shower head					
Shower rod					
Shower curtain					
Tile in shower					
Tub/shower					
Tub rails					
Towel rack					
Toilet					
Toilet paper holder					
Light switch					
Ventilation fan					
Light fixtures					
Electric outlets					
Ceiling					
Bedroom:					
Door					
Peephole					
Locks					
Walls					
Window covering					
Window					
A/C unit					
ceiling					
Smoke detectors					
Carpet					
Bed frames					
Mattress					
Head board					
Box springs					
Desk					
Chair					
Closet					
Closet Rod					
Closet Doors					
Nightstand					
Dresser					
Electric outlets					
Light fixtures					
Phone jack					
Cable jack					
Light switch					
Light fixtures					
Room cleanliness					
Key issued					

Key returned	Y/N			
Furniture pulled out	Y/N			
All drawers open	Y/N			
Proper check-out	Y/N			
			DAMAGES TOTAL	\$
<p>I assert that I have read and agree with the information contained on this form. I understand that due to the quantity of residents checking out of the Residents Hall at this time, that this might not be an accurate representation of all damages assessed to me. I understand that the Housing Office will perform a more detailed inspection to determine if there are more hidden damages not visible during the initial check-out. I agree that I will be responsible for all damages assessed at that time if they are not listed on the original check-in column of this form.</p>				
CHECK-IN	Date:	Resident Signature:		
		Staff Signature:		
CHECK-OUT	Date:	Resident Signature:		
		Staff Signature:		
Please place all comments on the bottom of this form.				