Building: _____
Suite:_____

WARREN COLLEGE RESIDENCE HALLS
SHARED RESPONSIBILITY FORM

This form is a tool to help you decide as a group "who is responsible for what" in terms of damages incurred and/or cleaning required for check out. It is not required. If this form is completed, we will know whom to charge if the suite is left damaged or excessively dirty. If it is not filled out and signed by all residents, the cost of any cleaning or damages will be divided evenly among all the residents of the suite, or bedroom (if the damages are in the bedroom). If there are particular damages (e.g., holes in walls, or damage to smoke detectors) that have been caused by certain individuals, please fill out this section. List damage, location and the person(s) responsible:

BATHROOMS:
sink, counter & mirror _____
trash removal_____
other:_____

BEDROOMS:
trash removal_____
vacuum:_____

LIVING ROOM:
balcony_____
trash removal_____
vacuum_____
walls/doors_____
other:_____

DAMAGE/LOCATION	WHO'S RESPONSIBLE	SIGNATURE
YOUR BEDROOM: Room Number: _____		
_____	_____	_____
COMMON AREA:		
_____	_____	_____
_____	_____	_____
BATHROOM:		
_____	_____	_____

ROOM #	RESIDENT NAMES	SIGNATURE/DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALL RESIDENTS MUST SIGN if damages are in common areas, in order for this form to be valid.