



Delta Sigma Phi Building Association of Alpha Chi Rho, Inc.

Delta Sigma Phi Chapter

Worcester Polytechnic Institute

Room Condition Form

I, _____ agree to the following as the condition of Room # _____ at _____ Worcester, MA 01609. By signing below I agree that the room has been inspected by myself and that the condition as noted below is accurate. The following items were checked by myself and the House Manager or his duly appointed representative. Any deficiencies found shall be noted on the back of this form:

Bedroom # _____	Check-In Condition	Check-Out Condition
Floors/Carpets	_____	_____
Walls and Ceiling	_____	_____
Windows: screened/lockable	_____	_____
Windows: shades or blinds	_____	_____
Radiators/Heat	_____	_____
Desk/Bureau/Furniture	_____	_____
Mattress	_____	_____
Doors/Locks	_____	_____
Moldings/Baseboards	_____	_____
Lights/Outlets/Outlet Covers	_____	_____
Sprinkler/Smoke Alarms	_____	_____
Other	_____	_____

Date of Check-In: _____

Tenant Signature

HM or representative signature

Date of Check-Out: _____

Tenant Signature

HM or representative signature

