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BUILDING NAME: \_\_\_\_\_ ROOM / APARTMENT#: \_\_\_\_\_

To help us ensure that your roommates are not unjustly billed for damages to your room or apartment/suite, please use this form to claim responsibility for any damages or missing items. V@ Á!{ Á ã^• Á æ@Á [ { æ^Á} Á [ ] [ !c } ã Á Á|æ Á æ æ ^• Á ã Á@ ] • Á @ Ác á^} cP [ ^• á \* Á ã áÚ^• æ^} & Á Sá^ Á cæ-Á ã Á } b • c



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