



Ohio Wesleyan
**Residential
Life**

RESIDENTIAL LIFE OFFICE
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**Residential Life Office
Damage Responsibility Form**

Return to RLC by 5:00pm on the Friday before move out

Building and Room #: _____

A. Describe in detail the damage for which you are taking responsibility. Please include location of the damage, specify what has been damaged, note its size, and anything else that helps us understand the circumstances the damage occurred.

B. The following students attest they are responsible for the damage, as described above:

Name: _____	Signature _____	Date _____
Name: _____	Signature _____	Date _____
Name: _____	Signature _____	Date _____
Name: _____	Signature _____	Date _____
Name: _____	Signature _____	Date _____
Name: _____	Signature _____	Date _____
Name: _____	Signature _____	Date _____

C. The following students are not responsible for the damage and should not be held responsible for it, though they lived in the space when the damage occurred.

Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____

This form must be returned to your Residential Life Coordinator by 5:00pm on the Friday before move out