

**RESIDENT STATEMENT FORM**

Resident Name \_\_\_\_\_ Room No \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_ Block \_\_\_\_\_  
Tel No \_\_\_\_\_ Venue \_\_\_\_\_ Block Name \_\_\_\_\_

REF : \_\_\_\_\_

Resident Sign \_\_\_\_\_ Security Name \_\_\_\_\_ Sign \_\_\_\_\_

Team Leads Remarks \_\_\_\_\_

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