



Room Condition Form and Inventory Undergraduate Residences

This form is a legal and binding document to be completed by each resident.

Please print a copy of this confirmation page for your records.

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Here is your **Form Key:** 0556758947955

You will need this Form Key if you want to revise your form later.

Last Name: Bunge

First Name: Breanna

Email: bbunge@stanford.edu

Phone: 9515141272

SUID:
(number)

House: Governor's Corner - Adams

Room number: 115

From the hallway door looking in: single

Moving out at the end of: Spring 2012

Bedroom	Condition	Location/Comments
Bed Frame	Good	
Box Spring		
Bookshelf	Good	
Ceiling	Good	non-destructive hooks attached to ceiling by previous resident
Chair	Good	
Closet	Good	
Closet door	Good	
Desk	Good	
Dresser	Good	
Electrical Outlets	Good	sometimes it is hard for 2-prong plugs to stay in the top outlet
Evacuation Map	Not Present	
Floor	Good	
Floor Covering	Good	small stains throughout
Light Fixture	Good	
Light Switch	Good	

Mattress	Good	
Medicine Cabinet	Poor	one on the right looking in doesn't properly roll up
Mirror	Good	
Room Door	Good	something about the hinges makes it a little hard to close
Sink		
Smoke Detector	Good	
Towel Bar	Good	
Walls	Good	nothing very noticeable
Wardrobe		
Wastebasket	Good	
Window	Good	
Window Covering	Good	
Other (specify)	Good	
In-Room Bathroom	Condition	Location/Comments
Medicine Cabinet	Not Present	
Shower	Not Present	
Sink	Not Present	
Toilet	Not Present	

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