

**ALCORN STATE UNIVERSITY
FACULTY/STAFF HOUSING**

INSPECTION REQUEST FORM

FROM: (TENANT'S SIGNATURE) _____ DATE _____

TO: DR. JEFF POSEY, ASSOCIATE VP FOR FACILITIES MANAGEMENT

CC: MRS. CAROLYN DUPRE', VICE PRESIDENT FOR FINANCE & ADMINISTRATION

UNIT ADDRESS: _____ TO BE VACATED ON _____

FORWARDING ADDRESS OR OTHER INFORMATION: _____

NOTICE TO TENANT

Before requesting the inspection, please remember to deliver your unit in the same condition it was in prior to your tenancy:

- ✓ *Tenant is responsible for having lights disconnected*
- ✓ *Apartment must be swept clean and mopped.*
- ✓ *Kitchen and bathrooms must be completely cleaned.*
- ✓ *All walls must be clean and the same color as before tenancy began (unless Tenant has received prior written permission to paint from the Associate VP for Facilities Management).*
- ✓ *ALL personal belongings must be removed by Tenant.*
- ✓ *NO trash shall be left behind.*
- ✓ *Call Facilities Management 2-5 days prior to your move-out to schedule inspection at 877-6470.*
- ✓ *All keys shall be returned at inspection. The fee for unreturned keys is \$75.00.*

Normal inspection hours are Monday through Friday from 8:30 a.m. through 3:30 p.m. Tenant is to sign and submit this form to Facilities Management and schedule the inspection at least two (2) working days before the inspection is to take place.

All of the aforementioned items must be done PRIOR TO INSPECTION and before you can RECEIVE A RETURN OF YOUR SECURITY DEPOSIT (less any damage done to the property beyond normal wear and tear). Any and all repairs, repainting, trash removal, cleaning, and/or any other expenses that are attributed to restoring the unit to its condition prior to your tenancy will be deducted from your Security Deposit.

It is understood and agreed that retention of Security Deposit by the LESSOR does not abdicate the LESSEE of liability for all damage done to the property or failure to meet any related costs that are in excess of the Security Deposit.

Your Security Deposit will be direct deposited or mailed within 30 days of inspection.

Good luck with your move!

REMAINDER OF FORM TO BE COMPLETED BY A FACILITIES MANAGEMENT REPRESENTATIVE

Description of Inspected Unit and Work Required:

Total cost of repairs/cleaning needed to refurbish the unit (excluding normal wear and tear) is \$: _____

Key(s) Returned: YES - or - NO

Explanation : _____

Maintenance Inspected by: _____

Custodial Inspected by: _____

Inventory Certified by: _____

Date of Inspection: _____

Date of Inspection: _____

Date of Certification: _____

*Form must be surrendered to the VP for Finance & Administration within two (2) business days after the unit is inspected.