

**ALCORN STATE UNIVERSITY  
FACULTY/STAFF HOUSING**

**INSPECTION REQUEST FORM**

FROM: (TENANT'S SIGNATURE) \_\_\_\_\_ DATE \_\_\_\_\_

TO: DR. ROBERT WATTS, ASSOCIATE VP FOR FACILITIES MANAGEMENT

CC: DR. CORNELIUS WOOTEN, SR. VICE PRESIDENT FOR FINANCE, ADMINISTRATIVE SERVICES, AND OPERATIONS/CFO

UNIT ADDRESS: \_\_\_\_\_ TO BE VACATED ON \_\_\_\_\_

FORWARDING ADDRESS OR OTHER INFORMATION: \_\_\_\_\_

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**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 (EXCEPT residents of new faculty/staff housing townhouse/apartment complex.)*
- ✓ *Apartment/House 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!**

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**REMAINDER OF FORM TO BE COMPLETED BY A FACILITIES MANAGEMENT REPRESENTATIVE**

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*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 : \_\_\_\_\_*

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*Maintenance Inspected by: \_\_\_\_\_*

*Date of Inspection: \_\_\_\_\_*

*Custodial Inspected by: \_\_\_\_\_*

*Date of Inspection: \_\_\_\_\_*

*Inventory Certified by: \_\_\_\_\_*

*Date of Certification: \_\_\_\_\_*

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*\*Form must be surrendered to the Sr. VP for Finance, Administrative Services, and Operations/CFO within two (2) business days after the unit is inspected.*