

COVID-19 Check-Out Form

Resident Information

Resident Name: _____

SFSU ID: _____

Cell Phone Number: _____

Building/Room# or Address: _____

KEY RETURN

Residents who do not return keys that were issued to them, may be charged a key and lock replacement fee.

RESIDENT RESPONSIBILITES

I, _____ (*Print Name*), accept financial responsibility for any damages found in my room/suite/apartment/common area beyond normal wear and tear. By initialing and signing below:

- (*Initial*) _____ I understand that I waive my right to appeal, should the room and surrounding common areas not be cleaned or returned to the specified standards, or if damages are found during the post inspections on the Room Condition Form (as applicable).
- (*Initial*) _____ I understand that all residents share equal responsibility in preparing the room and common spaces for check-out, regardless of the departure time or order of each resident.
- (*Initial*) _____ I understand that if I do not properly check-out, I may be assessed an improper check-out fee. I understand that any damages noted on the RCF will be charged to me.
- (*Initial*) _____ I understand that any items left behind will be immediately discarded.

Resident Signature: _____ Date: _____ Time: _____

Please mail your keys and this form to:

SF Housing

c/o Robert Haney

800 Font Blvd.

San Francisco, CA 94132