

CAL POLY

University Housing

Bed Height Modification Request and Agreement

Requestor Name: _____ Phone: _____ Date: _____

Reason for Request:

- Height modification of existing bunk bed (to raise or lower)

Residence Hall/Apartment: _____ Room Number/Letter: _____

Resident Name #1: _____ Resident Phone No.: _____

Resident Name #2: _____ Resident Phone No.: _____

Resident Name #3: _____ Resident Phone No.: _____

Bunk Bed Height Modification:

- All roommates must sign this agreement.
- Bring signed agreement to Housing Planning and Support Services, Bldg. 31, room 101.
- Housing Depot staff will schedule the appointment and contact residents.
- Residents are requested to be present for the appointment.
- Before the appointment, residents are requested to:
 - Remove all bedding and belongings from the bed(s).
 - Clear the area under and around the bed.

Resident Name #1

(Signature): _____ (Print Name): _____

Resident Name #2

(Signature): _____ (Print Name): _____

Resident Name #3

(Signature): _____ (Print Name): _____

OFFICE USE ONLY

WO No.: _____ Appt. Date: _____ HD Confirm: _____ Charges: _____