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