

Delta Sigma Phi – Beta Beta Chapter – House Closing/Move Out Document

Name	Room Number	Check Out Date	Check Out Time
Returning to House?	Yes	No	
Is Room Clean?	Yes	No	
<u>Describe</u>			
<u>Damages to Room</u>			
Items to be donated?	Yes	No	

Misc. Notes:

Mattress covers need to be replaced?

Screen(s) missing?

If “yes” then indicate how many.

The undersigned agree that the information contained above is correct:

Active chapter member - _____

ACB member/alumnus - _____