Event Room User Checklist

Complete the user checklist before and after your event. The Mathematics Department reserves the right to decline room rent service to users who do not adhere to its room reservations guidelines and maintenance instructions.

Date of the Event (mm/dd/yy):		Time: _	
Contact Person (print name):			
Contact phone: () Organization:			
Room Reservation Approved by:			
Key(s) Checked Out			
Date (mm/dd/yy):	Time:	Serial#	:
Checklist:			
Chairs and tables returned to		☐ All trash/litter removed (note:	
original setup		leave trash	n bags outside room)
Equipment turned off		☐ Lights out	and all doors shut
☐ All users' belongings are		☐ ROOM LOCKED	
removed		☐ Key(s) retu	ırned
FOR OFFICE USE ONLY			
☐ Key(s) Returned Date	(mm/dd/yy):		Time:
Condition of room after use:			
☐ Excellent		☐ Good	
☐ Fair		☐ Poor	
Will contact organization about	room condition	ıs?	
☐ Yes (describe damages on t	the back)	No	
Checked by:			
Date:			
Time:			

