

**Virginia University of Lynchburg**  
**Student Housing Damage Charge Form**

**RA Name:** \_\_\_\_\_

**Dorm:** \_\_\_\_\_

**Room #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Description of Damage:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Individual(s) to be charged:**

<b>Name</b>	<b>Amount to be</b>
<b>charged</b>	

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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Total: \_\_\_\_\_

**X**

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Student Signature:

Student Signature: