NJIT Residence Life
Pre-Damage Assessment Form

The following damage(s) occurred in _______ of _________ during the __________
(room)                  (building)                  (academic year)

The following individual(s) takes responsibility for this damage:

______________________  ______________________  _______________________
Name (print)                Date                      Signature

______________________  ______________________  _______________________
Name (print)                Date                      Signature

______________________  ______________________  _______________________
Name (print)                Date                      Signature

______________________  ______________________  _______________________
Name (print)                Date                      Signature

______________________  ______________________  _______________________
Name (print)                Date                      Signature