COMMUNITY ROOM AGREEMENT

Any Graduate and Family Housing resident or family member (18 years or older) can reserve our community room. Any charges incurred will be placed on the Resident’s account. We reserve the right to deny Community Room privileges to anyone that violates UK or Grad-Family policies, the UK Student Codes of Conduct, and local, state, or federal laws. The University of Kentucky is a tobacco free Campus. The use of any tobacco products and alcoholic beverages is prohibited.

**By completing and signing this form, the resident agrees:**

- To pick up a key during regular business hours and use room only on the date and for the specific time of reservation
- To pay a fee of not less than $60.00 if the resident does not pick up the key during regular office hours and a staff member is requested to provide entry to the room after hours
- To lock the doors and windows after use
- To return the door key on the first working day following their reservation by 9:00 am
- To pay a lock change charge if the community room key isn’t returned to an office staff member by the due date and time. ST ($201.00)
- To pay a charge if the community room is not cleaned
- To pay a charge if the community room or contents are damaged/missing
- To be responsible for the behavior of guests and to assume financial responsibility for same
- To observe Graduate and Family Housing “quiet hours”
- To adhere to all University policies and all local, state or federal laws

In the event that multiple residents reserve the community room on a weekend or holiday period, cleaning or damage charges will be split evenly and added to the account of each Resident responsible for the reservation period.

**Reserved By:** ___________________________________________ **Resident Name:** ___________________________________________

**Complex:** ___________________________ **Apartment:** ___________________________ **Home phone:** ___________________________

**Work/Cell phone:** ___________________________ **Email:** ___________________________

Check One:  ☐ Resident  ☐ Family member  ☐ Other

________________________ ____________
Signature

**RESERVATION INFORMATION**

_The maximum length of time you can reserve a room is 3 consecutive days._

Shawneetown “D” Building

- **Date of event** ___________________________ **Time of event** ☐ 7am to 4:00pm ☐ 5:00pm to 12:00am
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**NOTE:** This form must be submitted to the Housing office. It can be faxed to (859) 323-1900.

*(OFFICE USE ONLY)*

**Key No** ___________________________ **Date Out** ___________________________ **Date In** ___________________________