## APPLIANCE DECLARATION FORM

Madam:

I would like to req	uest permis	sion to use the following	g appliances in the dormito	ry for the following	g semester	
First Semester	r, AY 20	- 20	Second Semeste	r, AY 20 20		
		Fee per Month		e(s) / Fee per N		
1.		/	1	/		
2.		/	2	/		
3 4		/	3	/_ /		
5		/ /	5	/		
6		/	6			
I agree to pay the should I opt to disc	monthly/ser	mestral fee in the amount	t of/	2nd Semester	and would inform the office	immediately
-		-				
I further agree to c	control the v	folume of my gadgets (la	aptop, cellphone etc.) and p	out them off when i	not in use.	
1st Semester:			_			
	Date			Resident's Signat	ture Over Printed Name	
2nd Semester:		•				
APPROVED:	Date			Resident's Signa	ture Over Printed Name	
	Dormitor	y Manager				
	en toaster, h	nair dryer/curling/straigh			lat iron, TV, refrigerator, rice me large amount of electricity are	re
						•••••
Lacknov	uladga raca	int of the furnishing of P	PROPERTY RESPONS	SIBILITY ster: Poom No	2nd Semester which I shall u	isa tham with
care and concern:	vieuge rece	ipt of the furnishing of K	.oom No I ist Semes	ster, Room No	2nd Semester which I shall d	ise mem win
	1. Bed 2. Foam M	Anttrass				
	3. Study					
	4. Chair					
	5. Locker					
			xecutive Order No. 2009-0 the furnishing of the hall a		he residence hall policy which states issued to him/her".	ates:
1st Semester:						
	Date		_	Resident's Signat	ture Over Printed Name	
2nd Semester:						
zna semester	Date	•	_	Resident's Signat	ture Over Printed Name	
Furnishing Issued	by:	Household Attendant				
		Household Attendant		NOTED.		
				NOTED:	Dormitory Manager	
		<u> </u>	RESIDENCE HALL AG	REEMENT		
In consid	deration of	my admission at the UP	V Residence Hall for the	☐ 1st Seme	ester 2nd Semester, Academic	Year 20
20, I HEREBY	AGREE TO odied in the	PRESENT MY FORM accompanying Basic Ho	5 immediately after my en		mitory authorities and myself to and understood. This residence ha	
I HERE			THE END OF THE $\square_{-1s}$	t Semester 2nd	Semester, to leave the locker emp	pty, and to
1at Compater						
1st Semester:	Date		_	Resident's Signat	ture Over Printed Name	
2nd Semester:						
_	Date	-		Resident's Signa	ture Over Printed Name	