

HOWARD UNIVERSITY
Department of Residence Life
Micro fridge Office
2455 4th Street, NW Crandall Hall G-15
Washington. DC 20059

MICROFRIDGE RESERVATION REQUEST
2012 – 2013 ACADEMIC YEAR
DUE BY AUGUST 3rd, 2012

Instruction: Complete and submit this request form to request a Howard University Micro fridge (MCF). Cost for the unit is \$140.00 per year. Completion of this form authorizes Residence Life to place a charge in the amount of \$140.00 to the following student's account once the MCF unit is delivered.

**DO NOT SEND ANY FORM OF PAYMENT: YOUR STUDENT ACCOUNT WILL BE BILLED
AFTER THE UNIT IS DELIVERED!**

PLEASE TYPE OR PRINT CLEARLY

NAME _____ ID#@ _____
 LAST FIRST MI REQUIRED

PERMANENT ADDRESS _____
 STREET APT#

 CITY STATE/COUNTRY ZIP/POSTAL CODE

PERMANENT PHONE # _____ CELL PHONE # _____

EMAIL ADDRESS _____

RESIDENCE HALL ASSIGNMENT (FALL 2012) _____

Responsibilities: I understand that I will be responsible for returning the MCF unit clean and in good condition prior to checking out of University housing. I will be required to pay the purchase price of \$440.00 for not returning the unit. I also understand that I will be charged \$125.00 for returning the unit damaged and /or a \$75.00 charge if the unit is not returned cleaned.

Cancellation: Any working MCF returned after being delivered will result in a daily usage charge. Student re-assigned to another Residence Hall after receiving the MCF, must contact the Micro fridge Office at (202) 806-7965 to make arrangement for the unit relocation.

**I UNDERSTAND THAT THIS IS ONLY A REQUEST AND DOES NOT GUARANTEE THAT I
WILL BE PROVIDED WITH A MICROFRIDGE**

Signature _____ Date _____

THIS REQUEST FORM CANNOT BE PROCESSED WITHOUT VALID INFORMATION

MEMORANDUM

TO: **All Students in the Residence Halls**

FROM: Keya N. Beale
 Supervisor of Auxiliary Services

DATE: April 10, 2012

RE: **Micro fridge Reservation Protocol**

The following information is provided to inform you of the proper procedures to ensure that your reservation request is received and processed.

1. Upon completion of the reservation request form, please return to:

Micro fridge Office
2455 4th Street, NW
Crandall Hall G-15
Washington, DC 20059
Attn: Keya Beale

Reservation forms will only be accepted via mail/or hand delivery.

Faxed forms will not be accepted.

2. All sections of the reservation form must be completely and accurately filled out.
3. **Absolutely no forms will be accepted after the due date of August 3rd, 2012.** Any forms received thereafter will be put on a waiting list which will be considered after existing reservations have been served.

DO NOT SUBMIT ANY FORM OF PAYMENT!

Any reservation forms received with a money order or check will not be processed and the payment will be returned.

If you have any questions or concerns, please do not hesitate to contact us.

Tel: (202) 806-7964

Thank You