

### Approved Appliance Contract

I, \_\_\_\_\_, have read, understand and agree to the following terms for the use of my approved appliance(s):

1. The approved appliance(s) will only be used by me or under my direct supervision.
2. Any approved appliance(s) must be kept in the kitchen of the common area of my suite. At no point will it be brought to any residence room.
3. After the approved appliance(s) have been used, I will clean the item and the surrounding area.
4. Franklin Pierce University is not responsible for the damage or theft of the approved appliance(s)
5. If at any time my approved appliance is the cause of the fire alarm system to be activated, I will accept responsibility for the financial restitution for the cost of the alarm, as well as potential action through Student Conduct.
6. Any trash generated from the use of the approved appliance(s) will be disposed of in the proper manner.
7. At any point if the items stated above are not adhered to, I may lose the ability to have my appliance(s) approved.
8. If the approval for my appliance(s) is revoked, my appliance(s) will be confiscated and held by Residential Life staff until I am able to remove it from campus.

The following appliance(s) have been approved for my use for the 2020-2021 academic year for use in the common area of my Cheshire Hall suite:

Appliance Type	Brand	Color / Description	Additional Comments
			<input type="checkbox"/> Do not leave unattended while in use <input type="checkbox"/> Do not use directly under kitchen cabinets _____
			<input type="checkbox"/> Do not leave unattended while in use <input type="checkbox"/> Do not use directly under kitchen cabinets _____
			<input type="checkbox"/> Do not leave unattended while in use <input type="checkbox"/> Do not use directly under kitchen cabinets _____
			<input type="checkbox"/> Do not leave unattended while in use <input type="checkbox"/> Do not use directly under kitchen cabinets _____

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Room Number

\_\_\_\_\_  
Residence Director Signature

\_\_\_\_\_  
Date