

**Simmons College MicroFridge Rental Agreement
Summer 2008**

Date _____ Move In Date _____
Student's Name _____ Student's ID# _____
Residence Hall _____ Room _____ Phone _____

By leasing a MicroFridge, I recognize that I will be responsible for the unit that I am assigned. I will maintain it and keep it in good working order. If I have a problem with it, I will immediately notify Residence Campus Services for repair or replacement of the unit. At the end of the rental period, I will leave the unit defrosted and cleaned out, complete with the microwave tray & ring and ice cube trays. If the unit does not have these items, I will notify Residence Campus Services within one week of delivery.

Student's Signature _____ Date _____

Full Summer Rental \$150 (May 13- August 29)
Per Month Rental \$40
Per Week Rental \$10

Please make checks payable to *Simmons College* & mail or bring to
Simmons College
Residence Campus Services
94 Pilgrim Road
Boston, MA 02215.

Credit Card Payments are no longer being accepted.

For more information, please call (617) 521-1055

*****For Office Use Only*****

Check/ Money Order # _____ Amount _____ Date _____