

## CARPET EVALUATION REQUEST FORM

Lessee Name:		Apt Code	
Email Address:			
Primary Phone:		Secondary Phone:	
Reason for Request:			

**Date Carpet Last Cleaned:** \_\_\_/\_\_\_/\_\_\_

**Date Carpet Last Replaced:** \_\_\_/\_\_\_/\_\_\_

**Months Since Last Cleaned:** \_\_\_\_\_

**Months Since Last Replaced:** \_\_\_\_\_

**Recommended Action**

\_\_\_\_\_ **Recommend Carpet will be cleaned at UTA's expense**  
*(If it has been at least two years since the carpet was last cleaned, the carpet will be cleaned at UTA's expense.)*

Notes:

\_\_\_\_\_ **Recommend Carpet will be cleaned at the PRIMARY LESSEE'S EXPENSE** \_\_\_\_\_ **1 BR** \_\_\_\_\_ **2 BR**  
*(If it has been less than two years since the carpet was last cleaned, the Primary Lessee is responsible for cleaning costs.)*

Notes:

\_\_\_\_\_ **Recommend Replacement of Carpet at UTA's Expense**  
*(The PRIMARY LESSEE will be charged a \$75 fee for carpet replacement in an occupied unit.)*

Notes:

\_\_\_\_\_ **Recommend Replacement of Carpet at the PRIMARY LESSEE'S EXPENSE**  
*(Expense for carpet replacement will be pro-rated based on carpet life expectancy of 60 months + \$75.00 fee for carpet replacement in an occupied unit.)*

Notes:

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

**See Attached Document for Carpet Replacement Cost Calculations**

Replacement and Cleaning Information:

Student Agreed to Recommended Services on: \_\_\_\_\_ By: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ In Person

Carpet Replacement/Cleaning Scheduled for the Following Date: \_\_\_\_\_