Oak Hall – Custodial Services Agreement

**Service:**
Each month, a custodian will clean the suite’s bathroom for an hour at the rate of $20/suite. The charge will be divided up by the number of suite residents assigned to the suite and it billed to directly to the residents’ student accounts.

Each of the suite’s residents must request this service by signing this form.

<table>
<thead>
<tr>
<th>No. of Residents</th>
<th>Charge per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Residents</td>
<td>$5.00 per resident per month</td>
</tr>
<tr>
<td>3 Residents</td>
<td>$6.67 per resident per month</td>
</tr>
<tr>
<td>2 Residents</td>
<td>$10.00 per resident per month</td>
</tr>
<tr>
<td>1 Resident</td>
<td>$20.00 per resident per month</td>
</tr>
</tbody>
</table>

**Additional Note:**
Prior to your suite’s scheduled cleaning, please remove any personal items you do not wish custodians to see. Please note custodians are not authorized to clean individual rooms in the suite, enter occupied rooms, or take out personal trash (only your bathroom trash). The monthly charge is a flat rate and is not negotiable.

**Cancellations and Concerns:**
Service must be cancelled in writing to crothersr@umsl.edu at the end of the semester. Please contact the Custodial Supervisor, Renee Crothers at 314.516.4563, with any concerns.

**Agreement:**
We, the residents of OAK HALL SUITE ________ agree to be billed $_______ per resident per month. We understand this charge will be placed on each of our student accounts for every month the suite’s bathroom is cleaned by Residential Life’s Custodial Services.

Resident A Printed Name: _____________________________ Date: __________________
Signature: ___________________________________________ Student No.: __________________

Resident B Printed Name: _____________________________ Date: __________________
Signature: ___________________________________________ Student No.: __________________

Resident C Printed Name: _____________________________ Date: __________________
Signature: ___________________________________________ Student No.: __________________

Resident D Printed Name: _____________________________ Date: __________________
Signature: ___________________________________________ Student No.: __________________

*Once all residents in the suite have signed, return to your RA or the Central Office of Residential Life (address above).*