Damage Responsibility Claim Form

Please complete this form to assume responsibility for listed common area damages. Once completed, this form can be returned to the office, or emailed to auburn@myaspenheights.com.

Name: _____

Unit: _____

Description of damages:

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_____ I understand that by signing this form, I am claiming all financial responsibility for the damages described in this form. These damages will not be split amongst my roommates and I as normal common area damages are.

Signature:_____

Date Signed:_____