Housing and Residence Life Office Air Conditioner Conditions and Registration

| Please print | | |
|--|------------------------|-------------|
| Name | | NMU IN |
| Apartment Address Phone | | Phone # |
| Conditions The conditions for utilizing an air conditioner in University apartments include: The air conditioner is portable, not a window unit. The air conditioner does not exceed 16,000 BTU's. The air conditioner has been/will be installed with a manufacturer's window kit that fits the window in your apartment (not a home-made version). The air conditioner EER (Energy Efficiency Rating) must be higher than 10 which indicates that the unit has an above average energy efficiency. The tenant must register the air conditioner prior to installation and use. The tenant agrees to pay the \$20 monthly fee from the date the air conditioner is installed through the end of August, regardless of the amount of use. If the air conditioner is installed from the 1st through the 15th of the month, the entire month (\$20) will be charged. If the air conditioner is installed from the 16th through the end of the month, half the cost of that month (\$10) will be charged. Pro-rated refunds will only be issued to those tenants who vacate the apartments prior to August 15. The air conditioner must be inspected by the coordinator of apartment living after it has been installed to ensure it meets the requirements noted above. If it is determined by university staff that the air conditioner does not meet these conditions, the tenant will remedy the situation within 24 hours or permanently remove the air conditioner. | | |
| Air co | nditioner brand/model: | |
| BTU's (must not exceed 16,000): Energy Efficiency Rating (must be at least 10): | | |
| Date air conditioner installed (Day, Month, Year) | | |
| Number of months Total Fee \$ | | |
| I understand and agree to the conditions and the rental rate stated above. | | |
| Tenant signature | | Date |
| | Office Use O | <u>only</u> |
| Approved by | | Date |
| Charge Initiated by | | Date |
| Inspected by | | Date |
| Staff Authorization | | Date |