



Liberté Égalité Fraternité

INTERVENTION AUTHORISATION year 2022-2023
I, the undersigned (Surname, Forename):
Currently residing in room no :
Hereby declare that I grant permission to the CROUS staff of
For the following needs: maintenance, upkeep or security.
The request for intervention must be made as far as possible by e-mail to the address which will be communicated to you by the reception of your residence and which is also in the resident's guide.
NB : Except in case of emergency, this visit will give rise to prior written information to the resident.
At(<i>Date</i>), the :(<i>Date</i>)