BINGHAMTON UNIVERSITY
STATE UNIVERSITY OF NEW YORK

Request to Use Candle/Incense

Resident Name: _____ Date(s) candles to be used: _____

Building: _____ Time(s) candles to be used: _____

Room/Suite/Apartment Number: _____

Purpose of Request: _____

_____

_____

By signing below, I agree to the terms and conditions as outlined in my housing license located online at https://www.binghamton.edu/residential-life/housing/forms.html

I understand that once approved, I am only permitted to burn candles or burn incense in the pre-designated area in my building and may only do so during the times permitted. I must be present at all times the candle/incense is in use. If I need to leave the room, regardless of reason or length of time, I must dispose of the items being used as described below. I am aware that I must have my copy of this form with me while using the items as verification that I have permission to do so.

After use, I must properly dispose of the candle/incense immediately. This must include taking the remaining candle/incense and rinsing it under water prior to disposing of it outside of the building.

Resident Signature: _____ Date: _____

Staff Use Only:

Outcome: ◯ Approved ◯ Not Approved

Location to be used: _____

Rationale: _____

_____

_____

RD/CD Reviewing Request (Print Name): _____

RD/CD Reviewing Request (Signature): _____

Date: _____