



Billing Appeal Form

To appeal a charge, please complete this form and submit it to the Department of Residential Life, Riley Hall 130.

Last Name	First Name	ID Number
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Hall/Complex & Room # or Off-Campus Address	Cell Phone Number
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Amount of Charge: _____

Charge Type: _____

Provide explanation below or attach documentation.

Signature: _____ Date: _____

For Office Use Only:

Date Received: _____

☐ Granted

☐ Denied

☐ Other

Signature: _____

Date Reviewed: _____

Entered in THD _____

Notification Sent (e-mail) _____