



# 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

\_\_\_\_\_
Hall/Complex & Room # or Off-Campus Address Cell Phone Number

Amount of Charge: \_\_\_\_\_

Charge Type: \_\_\_\_\_

Provide explanation below or attach documentation.

Multiple horizontal lines for providing explanation or documentation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only:

Date Received: \_\_\_\_\_

- Grants Denied Other

Horizontal lines for office use notes.

Signature: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Entered in THD \_\_\_\_\_

Notification Sent (e-mail) \_\_\_\_\_