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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>ID Number</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Hall/Complex &amp; Room # or Off-Campus Address</th>
<th>Cell Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)____________