

HOUSING DAMAGE CHARGE AND FEE ASSESSMENT APPEAL FORM

SEMESTER THIS APPEAL APPLIES T	O: FALL 2	20	SPRING 20		SUMME	:R 20	
Look Money	i	First Name			I alton ID #		
Last Name	- ·	First Name			Laker ID #		
Email Address	_@student.	<u>.clayton.edu</u>	Contact Number (Ho	me/Cell)			
			Contact Hamber (В	_	•
Room Assignment where damage	occurreu.	Apartment / Suite #		Α	B Bedroom (CIR	C CLE ONE)	D
Total amount of damage charge(s)	: \$ <u> </u>						
Please provide the detailed reason	n for your a	ppeal. Attach ex	ktra pages if ne	eded.			
I understand that by signing below I a the best of my knowledge. I also under has been reached. A DECSION ON TH granted, a credit will be applied to my	rstand damag	ge or other fees wil VILL BE RESPONDE	ll remain on my st D TO YOUR STUD	tudent ac ENT EM	ccount until a	an appea T. If my	l decision
Student Signature			Date			<u> </u>	
		Office Use On	ıly				
Appeal Approved Staff Signature / Date of Decision:		Appeal Denied	Notes:	Appeal	l Reduced to	o: <u>\$</u>	_