



CALIFORNIA STATE UNIVERSITY, LOS ANGELES
 Housing Services
 5300 Paseo Rancho Castilla
 Los Angeles, CA 90032
 (323) 343-4800 Fax: (323)343-6465

DAMAGE AND CLEANING APPEAL

This form may be used to appeal charges assessed for damages or cleaning to the housing facility. Please complete ALL parts of this form.

Name _____ CIN _____
Last First

Apartment _____ Bedroom _____ Mail Box _____ Phone _____

Class Standing

___ Freshmen ___ Sophomore ___ Junior ___ Senior ___ Grad ___ ACLP ___ Staff/Faculty

1. How much were you billed? _____

2. For what were you billed?

- ___ Cleaning _____
- ___ Damage _____
- ___ Other _____

3. Please indicate why you feel you should not have been billed (check all that apply)

- ___ I can identify the person responsible (**name required**) _____
- ___ I was not living in the apartment at the time (keys were returned); check-out date: _____
- ___ The charges are excessive
- ___ Other _____

4. If we need to schedule an appointment to meet with you, what is the best way to contact you?

OFFICE USE ONLY

Decision

___ Bill Charges ___ Delete Charges ___ Adjust Charge = \$ _____

Comments

Facilities Manager _____ Date _____