



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

Cal State LA Email _____ Phone _____

Where do you live? _____ Phase I _____ Phase II _____ Golden Eagles Apartments (GEA)

Apartment _____ Bedroom _____

South Village Residence Halls: _____ Tower 1 _____ Tower 2 _____ Tower 3

Apartment _____

Occupancy _____ Single _____ Double _____ Triple

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 _____

OFFICE USE ONLY

Decision _____ Student Responsible for Charges _____ Reverse Charges _____ Adjust Charges to \$ _____

Comments

Director of Housing and Residence Life _____ Date _____