

DAMAGE DISPUTE FORM

Name _____ Campus ID _____

Building/Hall _____ Room # _____

Permanent Address: _____

Permanent Phone # () _____

Please list items that you wish to dispute charges for (from your ACR/RCR at check out):

<i>Item:</i>	<i>Price:</i>	<i>Reason:</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe, in detail, the reasons why you should not have to pay for the above-mentioned damaged items, or charges, at checkout: *(Please Print)*

Signature _____ Date _____

White Copy: Central Office

Yellow Copy: Resident