

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 _____ Mail Box _____

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 _____

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 _____