

Residence Life Damage Appeal Form

Name: _____ Mustang ID: _____

Telephone number: (____) _____ House name and room #: _____

Email address where you can be reached: _____

Do you wish to be present at the hearing? _____ Yes _____ No

I desire a (check one) _____ **telephone conference** or _____ **face-to-face** hearing.

Please list ALL damages you are appealing and your reasoning for your appeal:

*Please note, per departmental policy, if the total amount of damages are \$20.00 or under, the damages are not appealable.

<u>Damage</u>	<u>Reason for Appeal</u>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

I have received and reviewed the residence hall room charges invoiced to me by the Department of Residence Life at Southwest Minnesota State University (SMSU). I understand that I have 10 business days since the notification's post-mark date to return this form to SMSU and appeal the charges.

*please note, if you took part in the department's express checkout option, you have previously waived your right to appeal.

Signature

Date

Return this form to SMSU at:

Southwest Minnesota State University
Attn: Department of Residence Life
1501 State St.
Marshall, MN 56258

Department of Residence Life
Telephone (507) 537-6136 • FAX (507) 537-6596
1501 State Street, Marshall MN 56258-1598 • www.SMSU.edu