BUFFALO STATE COLLEGE RESIDENCE LIFE OFFICE

DAMAGE BILLING APPEAL FORM

In the space provided on the reverse side, please document your reason(s) for appealing the damage bill. You should have received a copy of your check-in/check-out form (RICS and/or SICS) from which we determined your bill.

If you are a part of a group billing and are claiming your noninvolvement, you must either: 1) Have members of the group sign and have notarized a letter claiming their responsibility and your non-involvement, or (2) Submit a notarized letter indicating that you were at another location when the damage occurred.

Appeals must be submitted within 30 days of the billing date. Appeal forms must be returned within 30 days of the date the appeal form was sent. Appeals for simply late fees or removal of late fees will not be reviewed. Any appeal received after either timeline will not be reviewed and the student remains responsible for all charges.

Mail all correspondence to: DAMAGE BILLING APPEALS
RESIDENCE LIFE OFFICE
PORTER HALL
BUFFALO STATE COLLEGE
1300 ELMWOOD AVE.
BUFFALO, NEW YORK 14222

Section 1: Why are you disputing the bill?	
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Section 2:	
Name:	
Campus Address:	
Home Address:	Y
Phone No:	
Signature:	
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	Office Use Only
Bill Cance	lled
Appeal De	nied
Bill Reduc	ed To: \$ mation required to review bill, specifically:
Wore into	mation required to review bill, specifically:
Appeal tim	ne expired - Appeal denied.