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 non-involvement, 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?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Section 2:

Name: ____________________________
Campus Address: __________________
Home Address: ____________________
Phone No: _________________________
Signature: ________________________

________________________________________________________________________
Office Use Only

____ Bill Cancelled
____ Appeal Denied
____ Bill Reduced To: $ _____________
____ More information required to review bill, specifically:
________________________________________________________________________
____ Appeal time expired - Appeal denied.
____ Other: ________________________