University of Massachusetts Amherst
Billing Appeal Form

Residential Life Student Services : 235 Whitmore Administration Building : (Ph) 413.545.2100 :: (Fax) 413.545.1241

Name: ___________________________        Student ID # (8-digit): _______________________
Address: ___________________________        Home Phone #: ___________________________
                                                    Cell Phone #: ___________________________
E-mail: ___________________________        Bill #: AH______________________________
                                                    (For Damage Billing Appeal only)

Note: We will mail the decision letter to the address listed above. If the address is international, please provide an e-mail address which we can send the letter to.

Directions for completing a billing appeal:
1. The student must complete all information as requested on the first page of the form. Residential Life Student Services holds a contract with the UMass student. Parents and legal guardians may not complete this form in lieu of the student who holds the contract with Residential Life. Billing appeals that are not completed by the student will be returned to the address provided above.

2. The student must complete a personal statement including the following information:
a) The amount and type of charge you are appealing
b) The semester that the bill was originally charged
c) The reason(s) you believe the charge should be adjusted

3. Provide any additional documentation you have that will support your case or help us understand your particular situation. For more information regarding useful documentation please refer to the ‘appealing a fee’ section of http://www.housing.umass.edu/assign/rates.html.

4. Once you have completed this form, submit your Damage Billing Appeal directly to your Residential Service Desk. For all other billing appeals, please send to:

    Residential Life Student Services
    235 Whitmore Administration Building
    181 Presidents Drive
    Amherst, MA 01003-9313

5. Your appeal will be reviewed by the administration and policy manager and a decision letter will be sent to the address listed above within 10 business days.

6. If you have questions about the appeal process or what information to include, contact Student Services at (413) 545-2100.

Student Signature: ___________________________        Date: ___________________________

Revised: 6/2013
Part I: Student’s Personal Statement

Your personal statement is essential to this application. Please attach a personal statement including the following information:

a) The amount and type of charge you are appealing
b) The semester that the bill was originally charged
c) The reason(s) you believe the charge should be adjusted

Part II: Documentation

Please provide any additional documentation you have that will support your case or help us understand your particular situation.

Residential Life Student Services Use Only

<table>
<thead>
<tr>
<th>Name of Charge</th>
<th>Semester of Charge</th>
<th>Amount of Charge</th>
<th>Amount of Adjustment</th>
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<tbody>
<tr>
<td>Base Room Fee</td>
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<td>Recore fee</td>
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<td>Lockout Assistance</td>
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<td>Damage</td>
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<td>Temporary Access Card Replacement</td>
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<td>Cancellation Fee</td>
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<td>Early Arrival Fee</td>
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<td>Improper Room Checkout Fee</td>
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<td>Unauthorized Room Occupancy Fee</td>
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<tr>
<td>(Blocked Room Fee)</td>
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<td>Other:</td>
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Decision:                                  Date of Decision:

Comments: