

Office of Residential Life Damage Appeal Form

UNIVERSITY OF HARTFORD
OFFICE OF RESIDENTIAL LIFE

This form is to be used to appeal any damage charges related to your living area. This form does not guarantee an appeal it simply starts the appeal process.

Name: _____ Campus Assignment: _____ Date: _____

Permanent Contact Information:

Address: _____ City/State/Zip _____

Email Address: _____

- Total charge for damages/fees (as listed on your Room Condition Report): _____
- Reason listed on Room Condition Report for damage fee: _____
- Of the total damage fee, amount you wish to appeal: _____
- Please explain why you believe you should not be billed for this amount: _____

- If you are appealing a damage charge for which you are not responsible, please list the name(s) of those individuals who are responsible for committing the damage: _____

“I understand that by signing below I am accepting the responsibility that this appeal form has been completed honestly and to the best of my knowledge. I also understand that damages will not be charged to my student account until a decision has been made. I expect to be notified through email at my University of Hartford email account when a decision is reached regarding my appeal.”

Resident Signature: _____ Date: _____

Attention Student

If your appeal is denied and you still disagree, you must file a second appeal within one week of receiving the denial. The second appeal must be emailed or mailed to:

Email to: reslife@hartford.edu

Or mail to:

**University of Hartford
Office of Residential Life
200 Bloomfield Avenue
West Hartford, CT 06117**

Staff Member Receiving the Appeal: _____ Date: _____

Complete the following:

Appeal Granted?

Yes.

Rationale? _____

No.

Rationale? _____

Signature: _____ Date: _____

*Send student the yellow portion of the appeal letter.

*Staple this appeal to the top of the Room Condition Report and deliver to ORL.