



Office of Housing and Residential Life
University of Nevada, Las Vegas
BILLING APPEAL

Student Name: _____ L#: _____

Date of Submission: _____ Contact Telephone Number: _____

Assigned Hall: _____ Assigned Room: _____

Description of Dispute (you may use the back of this page if necessary): _____

Do you have documentation to support your appeal? YES NO

Please explain below and attach a copy of your supporting documentation (you may use the back of this page if necessary): _____

I have read and understand the information contained in this request form. I hereby verify that the information I have provided is correct.

Student's Signature: _____ Date: _____

All Billing Appeals must be submitted in writing to the Office of Housing and Residential Life. Appeals are reviewed on a regular basis by the Assistant Director team and/or the respective Residential Life Coordinators. Please submit your appeal to:

Office of Housing and Residential Life
4505 S Maryland Pkwy Box 452013
Las Vegas NV, 89154-2013
Phone (702)895-3489 Fax (702)895-4332

FOR CAMPUS HOUSING OFFICE USE ONLY

Date Received: _____ Date Reviewed: _____ Staff: _____

Staff Comments: _____

DECISION: APPROVED DISAPPROVED