



Office of Campus Housing
University of Nevada, Las Vegas
BILLING APPEAL

Student Name: _____ L#: _____

Date of Submission: _____ Contact Telephone Number: _____

Assigned Hall: _____ Assigned Room: _____

Description of Dispute: _____

Do you have documentation to support your appeal? YES NO

Please explain below and attach a copy of your supporting documentation: _____

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 Campus Housing. Appeals are reviewed on a regular basis by the Assistant Director team and Residence Life Coordinator. Please submit your appeal to:

Office of Campus Housing
4760 Gym Road
Las Vegas NV, 89119
Phone (702)895-3489 Fax (702)895-4332

FOR CAMPUS HOUSING OFFICE USE ONLY

Date Received: _____ Date Reviewed: _____ Staff: _____

Staff Comments: _____

DECISION: APPROVED DISAPPROVED