Sam Houston State University
Residence Life
MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

Incident Report # _____

Damage & Fine Appeals Form

Resident Name	Sam ID	Today's Date

Campus Address:

Hall / House / Apartment: _____ Room / Apt. Number _____

Current Mailing Address:

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Please Be Specific:

Charges You Are Contesting: _____

_____

Total Amount of Charges: _____ Amount of Charges Being Contested: _____

Explain in detail why you are appealing these charges.

_____

_____

_____

_____

_____

_____

Please continue on back of form if necessary. If you are not claiming responsibility for these charges, please attach a signed letter from the responsible person(s) including their Sam id number, current address and telephone number.

I do hereby certify that the information provided above is correct. I also understand that providing false information is a violation of Sam Houston State University Code of Student Conduct and may result in further disciplinary action. If the damage appeal is not approved, you may appeal the decision to the Student Discipline Coordinator or his/her appointee within ten days of the Residence Hall Director's decision.

Resident Signature	Date

Explanation of charge appeal continued from front:

Do Not Write Below This Line:

Residence Hall Director Appeal Information:

❑ Approved ❑ Adjusted ❑ Denied		Staff Signature: _____
Today's Date: _____	Date Letter Mailed: _____	Copied To: _____
Comments: _____		
Amount of Charge(s) Removed: _____		Accounting Clerk Initials: _____

Assistant Director Appeal Information:

❑ Approved ❑ Adjusted ❑ Denied		Staff Signature: _____
Today's Date: _____	Date Letter Mailed: _____	Copied to: _____
Comments: _____		
Amount of Charge(s) Removed: _____		Accounting Clerk Initials: _____