

RESIDENCE FINE APPEAL FORM

Division of Housing & Ancillary Services
Residence Admissions, Room 3C10, Ontario Hall
519-661-3547

Please complete all sections of this form and outline the basis for appeal. This form must be forwarded to your Residence Manager on or before your original payment deadline. Appeals by telephone or e-mail will not be taken into consideration. Appeals submitted after the payment deadline will not be accepted.

Residence: _____ Room #: _____
Last Name: _____ First Name: _____
Student #: _____ E-mail: _____
Invoice #: _____

If you are submitting this appeal after you have left residence, please provide your mailing address.

Street: _____
Prov/State: _____
Postal Code: _____

If you have further documentation that you would like to provide, please attach and submit with this form.

