

# Villages

## Charge Dispute Form

### Resident(s):

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First name	Last name	Contact Number
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First name	Last name	Contact Number
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### Current Address:

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Address	City	State	Zip Code
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### Disputed Address: (address of the rental unit), (If Security Deposit Dispute).

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Address	City	State	Zip Code
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I \_\_\_\_\_, request a review of the charges I've been assessed.

Describe the issue(s) concerning the disputed charges. Be very specific with your issues. **If at all possible, attach the original letter of charges.**

**Your dispute will be submitted to the Maintenance Department who will respond within (10) business days. If you have any questions or concerns, please contact Maintenance at (970) 416-2092.**

### Details of the Disputed Charges

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_