



Charge Dispute Form

Resident(s):

First name	Last name	Contact Number
First name	Last name	Contact Number

Current Address:

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

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: _____