University of North Dakota
Appeal for Key Fee Charge

Name (please print) _____ Daytime Phone _____

Address _____ Date _____

City/State _____ Zip _____

Attach a copy of the Key Fee Charge you wish to appeal. Clearly and concisely state your reason for the appeal of the attached key fee charge. Appeal must be limited to the space provided.

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For Building/Facility Access Administration Committee Use only:

Meeting Date: _____

Committee results:

☐ Committee has approved. Any payment made will be credited to your Accounts Receivable.

☐ Appeal has been denied. The circumstances outlined in your appeal do not warrant an exception to the Building/Facility Access Policy. Your account will be charged for this Key Fee.

☐ Your Key Fee was reduced from _____ to _____ And will be charged against your account.

Send form to Stop 9032, Attn: Building/Facility Access Committee

F:Forms/Key Fee Appeal