CWRU Telephone Services
CWRUphone and CWRUvideo Protest Form

Name: _____ **Account Number:** _____
Last First M.I.

CWRUphone

Protested Call(s):

	Date	Time	Number Dialed	Duration	Amount	Ext.
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

Note: If more than 5 Protested calls, please attach bill

CWRUvideo

Protested Cable Service(s):

	Type of Service	Month(s)	Total Amount	Faceplate Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Please use the space provided to explain the reason for your protest(s):

_____ _____ _____ _____
Client Signature **Date** **Received By** **Date**

***** I CERTIFY THAT I HAVE NOT GIVEN MY AUTHORIZATION CODE TO ANOTHER CWRU STUDENT FOR THEIR USE:** _____
Client Initials