



Cal Poly Pomona Foundation, Inc.  
3400 Poly Vista, Building 300  
Pomona, CA 91768

(909) 869-4242 ph  
(909) 869-4155 fx  
village@copp.edu

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

Received by: \_\_\_\_\_

## Cancellation/Account Summary of License Agreement Request Form (Form #UV04005)

A Licensee who wishes to cancel their space before the end of the License Period must complete and submit this form (Form #UV04005) to the University Village Front Office or email [village@copp.edu](mailto:village@copp.edu). The Licensee is responsible for 30 day's rent (30 days' notice) from the date of cancellation. After Form #UV04005 is received, the Licensee will be charged a \$475.00 cancellation fee in addition to 30 days' rent. Documentation verifying the reason for cancellation below is required.

### **Account Reconciliation**

Account reconciliation takes six to eight weeks to be processed. If you wish to appeal any charges, then you must complete the [Appeal to Charges Form \(Form #UV04011\)](#) and submit it to the University Village Front Office or email [village@copp.edu](mailto:village@copp.edu).

### **Please provide the following required information:**

Full name: \_\_\_\_\_

Student ID number: \_\_\_\_\_

Current apartment (building-apartment-room): \_\_\_\_\_

Requested Move Out Date: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Mail Forwarding address (For only 30 days):  
\_\_\_\_\_  
\_\_\_\_\_

### **Reason for Cancellation (please attach documentation)**

\_\_\_\_\_ Extreme hardship

\_\_\_\_\_ Military

\_\_\_\_\_ Graduation

\_\_\_\_\_ Study abroad

\_\_\_\_\_ Medical

\_\_\_\_\_ Other (See second sheet)

**See back side for additional information**



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If Other, please provide a detailed explanation:

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Licensee's Signature: \_\_\_\_\_

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

-----**Office Use Only**-----

\_\_\_\_ Administrative: This form was completed by University Village Staff because the former Licensee did not complete the form prior to checking out, as is required.

-----**Account Close Out**-----

Approver's Name \_\_\_\_\_

Approver's Signature \_\_\_\_\_ Date \_\_\_\_\_

Type of Fee	Amount Paid	Charges	Refund/Invoice
Application Fee Non-Refundable	\$ _____	\$ _____	\$ _____
Other Charges	\$ _____	\$ _____	\$ _____
Penalty	\$ _____	\$ _____	\$ _____
License Fees	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

Description of charges: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_