Guest Apartment Reservation Request Form
(One required for each apartment)

Name of Person Requesting Reservation: _____

Today's Date: _____

Name of Guest: _____

Number in Party: _____

Date of Arrival: _____ **Check-In Time – 2:00 p.m.**

Date of Departure: _____ **Check-Out Time – 11:00 a.m.**

Number of Nights: _____

Special Requests (roll-away bed, etc.) _____

_____

_____

Payment by: (circle one): **RESIDENT or GUEST**

Please bill (circle one): **RESIDENT or GUEST** (Put billing information on back)

(FOR OFFICE USE ONLY)

Reservation recorded by: _____

Unit # Reserved: _____

Dates Reserved: _____

Payment Received: Date: _____ Cash , Credit Card or Check #: _____

Amount: **$_____**

NOTE: Give copy to person making reservation. Give original to Accounting upon guest departure.)

CHECK LIST

Comfy Reservation: _____   **Housekeeping:** _____   **Billing:** _____