## RR-04 IBINORTH PLACER ESIDENCES

## TRANSIENT RESERVATION FORM

| NAME/S:   | DATE:   |
|---|---|
| NAME OF RESIDENT:   | RELATION TO RESIDENT:   |
| CONTACT DETAILS:  MOBILE NO.:  COMPLETE ADDRESS:  | EMAIL:  |
| RESERVATIO  | ON DETAILS  |
| RESERVED ROOM:  DATE OF ARRIVAL:  NO. OF ADDITIONAL GUESTS:  COMPLETE NAMES OF ALL ADDITIONAL GUESTS:   | DATE OF DEPARTURE:  |
|   |   |
| -   | greement is Short Term Rental Agreement, as evidenced by the signatures   |
| 1. Drinking of alcoholic beverages, and bringing in of any dangerous articles or controlled substances (e.g. firearms, prohibited drugs, etc.) are strictly not allowed within the premises of 181 North Place Residences. Smoking is not allowed inside the building. This facility is equipped with a smoke alarm system.  2. Only registered guests are allowed access to the rented room. Please entertain your visitors at the Lobby area at the Ground Floor. | <ol> <li>The management is not responsible for any accidents, injuries of illness that occurs while on the premises or its facilities or for any los of personal belongings or valuables of the guest.</li> <li>Keep the property and all furnishings in good order.</li> <li>Cooking is not allowed in the room. You may use the appliance and utensils provided to reheat and prepare your food 6. Pets are NOT allowed.</li> <li>Parking is limited to one (1) vehicle only and are allowed to park in designated parking areas only.</li> </ol> |
| CONFORME: Name and signature of Guest/s:  | <br>181 North Place Residences Administration Staff   |
|   | REMARKS:  |
|   |   |

**ACKNOWLEDGEMENT:**