

**[12 The Residence Hotel - Reclaim Form]**

Name: \_\_\_\_\_

Room Number: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Description of Lost Item(s): \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

By signing below, I acknowledge that the information provided is accurate to the best of my knowledge and authorize 12 The Residence Hotel to search for and return the listed lost item(s) if found.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Receiver)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Returner)