

# Housekeeping Special Instructions Sheet

Room Number

Guest Name

Check-in Date

Check-out Date

Assigned Attendant

Supervisor

## Special Instructions

## Cleaning Preferences

Item	Yes	No	Notes
Daily Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Extra Towels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Extra Amenities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Change Bedding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## Other Requests

Prepared By

Date

Signature

