Lost Key Charge Consent Form (Hotel)

Guest Name
Room Number
Check-in Date
Check-out Date
I acknowledge that I have lost my room key for the above accommodation. I understand and consent that a charge of
Key Replacement Charge Amount
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will be billed to my account or credit card on file, for the replacement of my lost room key.
Guest Signature
Date
Hotal Papracantativa
Hotel Representative
Date