

# Hotel Guest Smoking Violation Acknowledgement Form

Guest Name:

Room Number:

Check-in Date:

Check-out Date:

## Smoking Policy

I acknowledge that I have been informed of the hotel's **non-smoking policy**. Smoking, including the use of electronic cigarettes and vaping devices, is strictly prohibited in all guest rooms and indoor public areas.

I understand that a violation of this policy will result in a cleaning and deodorizing fee charged to my account.

Guest Initials:

## Violation Fee Acknowledgement

I agree to pay the specified fee if evidence of smoking is discovered in my room during or after my stay.

Fee Amount (if applicable):

Guest Signature:

Date: