

# Hotel Special Needs Accommodation Consent Form

Guest Name

Reservation Number

Check-in Date

Check-out Date

Contact Email

Contact Phone

Details of Special Needs or Accessibility Requirements

Mobility Assistance    Hearing Impairment Support    Vision Impairment Support    Special  
Dietary Requirements    Other (please specify below)

If "Other", please specify

Consent

I consent to the hotel using my information to provide special accommodations as described above.

Guest Signature

Date