

Guest Claim Form for Lost Belongings

Guest Information

Name

Contact Number

Email Address

Home Address

Stay Information

Room Number

Check-in Date

Check-out Date

Lost Item Details

Item Description
Describe the lost item (type in the box)

Date Lost

Time Lost (if known)

Last Known Location

Additional Information
Any other relevant information

Declaration

I declare that the information provided above is true and correct to the best of my knowledge.

Guest's Signature

Date