

Found Items Claim Authorization Form

Hotel Name

Guest/Claimant Information

Full Name

Contact Number

Email Address

Mailing Address

Item Information

Description of Item

Date Item Was Lost

Date Item Was Found

Room Number / Location Found

Additional Notes

Authorization

I confirm that I am the rightful owner of the above item and authorize the hotel to release it to me or my authorized representative.

Guest/Claimant Signature
Date

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For Hotel Use Only

ID/Document Verified (type & number)

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Staff Name

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Remarks

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Hotel Representative Signature

Date

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