



Guest Folio Request Form

Guest Name _____ Date _____

Date of Stay _____

Confirmation Number: _____

Last four digits of Credit Card used: _____

The amount in question: _____

Phone Number: _____

Fax Number: _____

E-mail: _____

**Registered Guest's Signature: _____

Other Comments: _____

Please Fax To 949-760-4991

*Please note your information will remain confidential

**Required field. Information will not be released without
authorized signature