



Reservation Request Form

Please complete the following Reservation Request Form and return by email. We will then send you Tax Invoice for payment. *Please note that this reservation is NOT confirmed until FULL payment is received. A Security Bond equivalent to 1 week rental is required.*

Please reserve my accommodation for the following apartment according to the information provided below:

Apartment Code / Address : _____

Check-in Date: _____ at 2pm

Check-out Date: _____ at 10am

Number of People: _____ Adults _____ Children

Weekly Rental Rate: \$ _____ GST inclusive

Departure Cleaning Fee: \$ _____ GST inclusive

Tenant Details:

Title: _____ Full Name: _____

Address: _____

Phone: (_____) _____ Mobile / Home / Work

Email: _____

Best Contact Person (if different from tenant):

Name / Company: _____ Phone: _____

Email: _____

Other Accommodation / Billing Requests:

*I have read the "Reservation Conditions" as specified on the **Short Term Apartment Rentals** website and agree to proceed with a reservation for the apartment.*

Signature: _____

Date: _____