



TAKING A VACATION

To: The General Manager,

Date: _____

Resident Name: _____ Room No: _____

I wish to let you know that I will be leaving my room on _____
and returning to UniLodge @ ANU on _____

Name of Country I will be visiting: _____

Will anyone be staying in or have access to your apartment while you are away? **Yes / No**

If 'Yes', please complete the following:

Name : _____

Gender: **Male / Female**

Mobile Tel: _____

Aged Over 18 years: **Yes / No**

Relationship to UniLodge Resident _____
(i.e. friend, family member etc)

Please leave your number to contact you in case of an emergency

Your Mobile / Home Tel: _____

Important Visitor terms and Conditions:

1. All visitors must obey all of UniLodge's rules and regulations of occupancy.
2. **Visitors are allowed to stay for a maximum period of four nights only.**
3. Residents will be liable and responsible for any breach of a UniLodge rule or regulation that their visitor commits.

Resident's Acceptance:

I understand that my Occupancy Fees must be paid to cover the time I am on vacation from UniLodge @ ANU. The information that I have provided above is correct and I have read, understand and will abide by all of the "Visitor Terms and Conditions".

Please tick YES

Resident's signature: _____

(please fax to +61 2 6194 5050)