

RESERVATION FORM

Title/First Name/Last Name:	Occupation:
Address:	
City:	Post Code and Country
Telephone:	Fax:
e:m@il:	Mobile.:

Booking details for registration

Head Family:

Title/First Name/Last Name		
Date of birth		
Place of birth		
Citizenship		
Residence		
Document type		n°
Issued on		by

Other members of the family:

Name/Last name	Date of birth	Place of birth

I authorize, by signing this form, the use of my details by The Residence Pollice Ltd according to the law n° 675/96 as resulted by this form completed.

Signature _____

Type of apartment two-room three-room

WEEKLY

from ____ / ____ / ____ to ____ / ____ / ____ n° pax _____
 from ____ / ____ / ____ to ____ / ____ / ____ n° pax _____
 from ____ / ____ / ____ to ____ / ____ / ____ n° pax _____

We kindly ask you to return through fax to the following number 00390875526945 or by e-mail: residence@residencepollice.it the completed form with attached:

- Copy of the bank draft receipt
- Terms and conditions form signed for acceptance