

Forest Inn and Conference Centre

11 May Street, Sioux Lookout, Ontario, P8T 1A3, Canada

Phone: 807-737-1330; Fax: 807-737-3612

E-mail: frontdesk@forestinn.net

Reservation Detail

| | | | |
|-------------------------|-------------------------|--------------------|-------------------------|
| Reservation No | R-2463 | Check In : | May/09/2024 01:15:00 PM |
| Reservation Date | May/09/2024 01:17:00 PM | Check Out : | May/10/2024 11:00:00 AM |

Guest Details

| | | | |
|----------------|---------------|--------------------|--------------|
| Guest : | Bernon Morris | Room Type : | Single Queen |
|----------------|---------------|--------------------|--------------|

Canada

Phone : 8076277698

Email : rcatroppa@nanlegal.on.ca

Payment Details

Payment Method :

Card Type :

Credit Card No. :

Card Expiry :

Name On Card :

Billing Details

Address :

Phone :

| Room Type | Adult/Child/Pets | Price(\$) | Tax(\$) | Total(\$) |
|--------------|------------------|-----------|---------|-----------|
| Single Queen | 1 / 0 / 0 | 149.95 | 26.27 | 176.22 |

| Rental Details | Rate Type | Check In Date | Rate(\$) |
|----------------|----------------|-------------------------|----------|
| | Best Available | May/09/2024-May/09/2024 | 149.95 |

| | | | | | | | |
|-------------------|------|----------------------|------|----------------|------|------------------|------|
| Discount : | 0.00 | Other Charge: | 0.00 | Tax(\$) | 0.00 | Total(\$) | 0.00 |
|-------------------|------|----------------------|------|----------------|------|------------------|------|

Tax Detail: Occupancy Tax: 17.52%

Grand Total(\$): 176.22

Payment: 0.00

Balance: 176.22

NOTICE TO GUESTS: Management will not be responsible for accidents or injuries to guest, or loss of money, Jewellery or valuables of any kind by fire or theft. Charge of \$250.00 or more will apply to a guest Smoking in a Non-Smoking Guest Room. The Guest agrees to be responsible for all charges including Physical Damage or Noise Damage that may occur during the stay.

CHECKOUT TIME: 11:00 AM SELF REGISTRATION ONLY

I AGREE that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person or company failed to pay for any part or full amount of these charges including any missing/damaged items, etc.. I agree that if an attorney is retained to collect these charges, I will pay all reasonable attorney's fees and costs incurred. If payment is by credit card you are authorized to charge my account for all charges incurred, including any and all damages/missing items, etc.. I agree that the sole purpose of renting this room is for my own residency only.