



HOTEL ROOM & TERMINAL INFORMATION

Customer Number/Site ID:

Case Number:

Property Name:

Property Contact:

Contact Phone #

Reason for Room Count Change:

- Renovations Rental
 Natural (flood, fire, etc.) Seasonal
 Other:

The following is a list of room(s) that have been added and/or removed from this property. Pursuant to the agreement(s) between the parties, the hotel is responsible for informing SONIFI Solutions when rooms have been added or removed from the property. In order to provide SONIFI Solutions with the proper room information, please indicate which room(s) and terminal address(es) have been changed. In the event of future room changes, please notify SONIFI Solutions of this new information.

Room #	Terminal Address	Add	Remove
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Room #	Terminal Address	Add	Remove
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Actual Number of Rooms at Hotel

Please Note: The total number of rooms should not include test rooms located at the hotel.

By signing this form, you are acknowledging that the room information listed above is correct.

Hotel General Manager (GM) Signature: _____

Date: _____

**PLEASE SIGN & FAX THIS DOCUMENT BACK TO SONIFI SOLUTIONS
AT (605) 988-1844**

Internal to SONIFI Solutions Only

Affected Contract(s) _____

Completed By: _____ Date Completed: _____