13415 Shaker Boulevard, Cleveland, Ohio 44120 Phone: (216) 751-1100 Fax: (216) 751-5744

## MCCA GUEST SUITE REQUEST

Please note that only MCCA residents are eligible to request a reservation for use of the Guest Suite, per the terms of the attached Guest Suite Policy and Procedure.

IN ORDER TO MAKE A RESERVATION PLEASE COMPLETE THE FOLLOWING INFORMATION:

Unit #:	Resident Naı	ne(s):	
	My guest w	rill be:	
Starting Date:			
Ending Date:			
<u> </u>			
I specifically acknow	vledge that:		
	_	ed <u>Guest Suite Policy and Proc</u> his policy that the Guest Suite	<u> </u>
e e e e e e e e e e e e e e e e e e e		m your reservation request. N il the Management Office has o	
	ould be <u>advised of any c</u> nat there may be a can	<u>changes or cancellations</u> as soo cellation fee.	on as possible.
• Check-in tim	e is 4:00 PM. Check-ou	at time is 12:00 noon.	
• No smoking.	No pets. No disturban	ices.	
(MCCA) and Laws, Rules	all Owners and resider Book, and Policies and	eland Courts Condominium As ats are governed by the MCCA Procedures. I read and unders provisions set therein.	Declaration, By-
Unit Owner/residen	t #1 Date	Unit Owner/resident #2	 Date