

**DECLARATION**

MR. /MRS (FULL NAME)

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3 .....

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.....

Room number..... Of CAMELIA STUDIOS AND APTS

**DECLARATION OF RESPONSIBILITY**

Hereby I declare the following:

1. I want the cleaning of my room and the change of clothing to be done:  
(indicate with X when you want the cleaning service)

ONCE A WEEK:

TWICE A WEEK :

.....

2 / I was informed that in the case of illness I will cover the medical cost for all the examinations and treatment by myself.

3/ I have received notification in writing from the management of the hotel, regarding the necessary measures and precautions that have to be taken against Covid-19 virus.

CHANIA ..... 2020

The declarant