REQUEST FORM 2024

MORZINE AVORIAZ
Portes du Soleil

REQUEST FORM FOR CLASSIFICATION

Owner

☐ Mrs ☐ Mr ☐ Company

Surname or company name: ……

First name : ……

Owner's address : ……

Telephone : ……

Email : ……

Website : ……

Name of the representative (agency, company…)

☐ Mrs ☐ Mr ☐ Company

Surname- Name or company name ……

Adresse : ……

Telephone : ……

Email : ……

Website: ……

Availabilities for the visit

Indicate your availabilities for the classification visit:

……

Property concerned by the classification:

Property name : ……

Full address: (name and road number): ……

……

Floor / apartment number: ……

Surface area of the property (including WC and bathroom): ……m²

Capacity: …… ……people

Number of rooms: …… (including kitchen)

Type of property: ☐ Studio ☐ Apartment ☐ House / Chalet

Please tick the correct boxes:

Current classification : ☐ Non classification ☐ 1* ☐ 2* ☐ 3 * ☐ 4* ☐ 5*

Classification request : ☐ 1* ☐ 2* ☐ 3* ☐ 4* ☐ 5*

Cost per property at the date visit is requested

From 01/01 - 30/09 : ☐ 130€ (1-2 pièces) ☐ 170€ (3-4 pièces) ☐ 200€ (5 pièces et +)

From 01/10 - 31/12 : ☐ 150€ (1-2 pièces) ☐ 200€ (3-4 pièces) ☐ 250€ (5 pièces et +)

I undersigned, Mr/ Mrs …… …declare that the property will be presented in the state in which it is when reciving customer.

Signed in …… Name and signature of the owner (or representative)

On ……

Return the requet forma long with the payment by cheque made out to « Office de Tourisme de Morzine-Avoriaz » for bank transfer, ask to classementmeubles@morzine-avoriaz.com .

Contact détails :

Office de Tourisme de Morzine
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