



Laguna Season Written Request

Requesting Week #: _____, Starting on: _____

Contact Details

Owner Name: _____
Account Number: **60** _____
Phone Number: _____
Email: _____

Please reserve a unit in this order of preference.
 (Use numbers 1-25 to indicate your priority order)

Ocean View		Village View	
102		201	
104		203	
106		205	
108		207	
110		209	
112		301	
202		303	
204			
206			
208			
210			
212			
302			
304			
306			
308			
310			
312			

In the event your requested units are not available, please check your order of preferences, if any

	I Will accept any Ocean View unit, except # _____
	I Will accept a Village View unit, except # _____
	I Do Not want a village view unit
	I will try again later (must submit another form)

Please Note:

Written Requests received between 14 days prior to the Trigger Date and 12:00 noon on the Friday before the Trigger Date will be randomly assigned a numerical place in the Written Queue. Written requests received after noon on Friday, will be added, as they are received, to the end of the line. To learn your place in line, call the Front Desk on the Saturday or Sunday before the Trigger Date.

Submitting options **(PLEASE CHOOSE ONE)**:

Email: lagunasurf@tricommanagement.com (You will receive confirmation)

Fax: (949) 497-5362 (You must call for confirmation)

Mail: 611 South Coast Highway • Laguna Beach, California 92651-2415 (You must call for confirmation)