

**Furnished Apartment
Reservation Request Form**

Date: _____

Name: _____

Address: _____

Telephone Numbers: Day: () _____ Evening: () _____

Fax Number: () _____

E-Mail Address: _____

Number of occupants _____

Arrival Date (Month, Day Year): _____

Departure Date (Month, Day Year): _____

Check Preference:

Gabrielino Jr. One Bedroom Gabrielino One Bedroom Las Lomas Two Bedroom

UCI AFFILIATION

Department: _____

Contact Person: _____

Telephone Number: _____

E-mail Address: _____

Please return completed form to:

ICHA Rental Office
University of California, Irvine
20 Los Trancos Drive
Irvine, CA 92617
949 824 6697 fax
debi.bakelaar@icha.uci.edu

*Note: Units may be reserved for periods ranging from one week to one year, with priority given to full quarter reservations. Any changes in reservations must reflect UCI quarter dates.