Exhibit E - Room Night Call Log Verification Form					
Event Name:		**Date:**		**Location:**	
Hotel Property	**Hotel Representative**	**Date Contacted**	**Communication Type (Email/Phone)**	**Room Nights Provided By Applicant**	**Verified Rooms**

Total Verified Rooms:	
Room Verified By:	

Any room night disputes or discrepancies will need to be handled between the event applicant and the hotel(s). It is the applicants responsibility to provide the County with a post event room night report within 30 days of the conclusion of the event to include all actual verified hotel rooms generated from the event. After an internal audit and review conducted by County staff with the hotels, the County will determine the final amount of verified room nights from the event with the completion of this form. This information is also included on page 5 of the incentive funding application.