



MONTHLY TOURISM ACCOMMODATION OCCUPANCY REPORT



Required Under The Tourism Law (1995 Revision) & The Tourism Regulations (1996 Revision)

COMMERCIAL IN CONFIDENCE: No figure for individual establishments will be released outside this office without your written agreement.

Q1- **NAME OF ACCOMMODATION:** _____

Q2- **MONTH** _____ **YEAR** _____

Q3- **NUMBER OF ROOM NIGHTS AVAILABLE:**
[Total Rooms multiplied by the number of days in the month. If some rooms were only available for part of the month, their numbers should be multiplied by the nights available] _____

Q4- **NUMBER OF ROOM NIGHTS OCCUPIED:**
[Add together the number of rooms occupied each night of the month. Non-revenue rooms that are occupied by a non-resident on a short term basis should be included. This includes both local and tourist] _____

Q5- **NUMBER OF LOCAL RESIDENTS ROOM NIGHT**
[This number represents the number of rooms occupied by local residents each night of the month] _____

Q6- **NUMBER OF ROOM CHECK-INS:**
[The number of room check-ins each day added up for the entire month (e.g. A room checked-in on 31st January and occupied through the 5th February, should be counted as ONE check-in, for your January report] _____

Q7- **AVERAGE LENGTH OF STAY:**
[Q4 divided by Q6] _____

Q8 **OCCUPANCY RATE:**
[Q4 divided by Q3 multiplied by 100] _____

If you have any questions regarding this form please contact **the Department of Tourism at 345-949-0623 or occupancy@caymanislands.ky**

Please check these figures in comparison with previous months to verify the accuracy of your earlier replies.

PREPARED BY

DATE

Please Return to the Department of Tourism by the **28th Day of the Following Month** by **One** of the Following Means:
1- Mail To: Government Administration Building, Box 134, Grand Cayman KY1-9000, Cayman Islands
2- Fax To: 345-949-4053
3- E-mail To: occupancy@caymanislands.ky or hotelinspector@caymanislands.ky