

Appointment Waiting List Form

Business Name: _____

Office/Department: _____

Date: _____

APPLICANT INFORMATION

Full Name: _____

Phone Number: _____

Email Address (if applicable): _____

Preferred Contact Method: Call Text Email

APPOINTMENT DETAILS

Service Requested: _____

Preferred Date & Time: _____

Reason for Appointment: _____

WAITING LIST TABLE

Name	Contact Number	Preferred Date	Time Slot	Status

NOTES & POLICY

- **Appointments will be scheduled in order of request.**
- **You will be contacted once an opening becomes available.**
- **If you are unable to attend, kindly inform us at least 24 hours in advance.**

Signature: _____ **Date:** _____