



Dolphin Hotel Management
3501 Jamboree Road, Suite 550
Newport Beach, CA 92660
(949) 706-0010

FORM 1095-C REQUEST FORM

Name (Print):

Employee ID:

Tax Year Requested:

Contact Information:

Telephone Number:

Email Address:

I request that Form 1095-C be delivered to my physical address or email address as designated below. If I designated my email address, I consent to receive an electronic copy of the Form 1095-C.

Physical Address:

Email Address (as listed above)

I hereby request the County of Santa Clara to provide a copy of my Form 1095-C for the tax year listed above. I understand that the request for Form 1095-C will be provided within 30 days upon receipt of the request.

Authorized Signature:

Date: