

TRANSIENT ACCOMMODATION DECLARATION

WAILEA EKAHI ASSOCIATION OF HOMEOWNERS

3300 Wailea Alanui Dr. #18C

Wailea, HI 96753

I, _____
Print Name

affirm that the information contained herein is true and accurate.

Signature Date Title (Owner or Agent)

Please legibly print or type in the following information:

Property Address

Owner Mailing Address (if different)

Owner Phone Number Owner Email

Local Contact Name and business affiliation (if any)

Local Contact Mailing Address

Local Contact Phone Number Local Contact Email

Transient Accommodation Tax License Number

Website(s) for advertising property for rent