

Transient Accommodations Reporting Form
(to be provided by Operator of Transient Accommodations to the Association)

Please Print:

DATE _____ UNIT # _____

OWNER'S INFORMATION:

LAST NAME _____ HOME PHONE _____

FIRST NAME _____ FAX NUMBER _____

MIDDLE NAME _____ CELL PHONE _____

TITLE _____ BUSINESSPHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

HAWAII STATE TRANSIENT TAX ID NUMBER: _____

LIST ALL WEBSITES USED FOR ADVERTISING RENTAL (ATTACH ADDITIONAL PAGE IF REQUIRED)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

LOCAL CONTACT/AGENT: Must be an OAHU address. If you are the owner and act as your own agent and live permanently on Oahu, please complete the information below.

LAST NAME _____ FIRST NAME _____

ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____ FAX NUMBER _____

EMAIL _____ CELL PHONE _____

WEBSITE _____ BUSINESS PHONE _____

PLEASE MAIL, FAX OR E-MAIL THIS COMPLETED FORM TO THE ASSOCIATION.