

Wailea Point Village - Property Management Information Form

Unit Number _____

Planned Arrival Date _____

Planned Departure Date _____

Is Garage Available? Yes No

Residents' Names (of both spouses/partners)

Names _____

Address _____

City/State/Zip _____

Home Phone _____

Emerg. Contact Name & Phone _____

Additional Residents' Names (if same address as above & same arrival date)

Name _____

Name _____

Name _____

Name _____

Additional Guests' Names (if address differs from above)

Names _____

Address _____

City/State/Zip _____ Arrival Date _____

Home Phone _____ Departure Date _____

Emerg. Contact Name & Phone _____

Additional Guests' Names (if address differs from above)

Names _____

Address _____

City/State/Zip _____ Arrival Date _____

Home Phone _____ Departure Date _____

Emerg. Contact Name & Phone _____

List any additional residents separately and send list with this form.

Name & Signature of Owner or Rental Agent

Date

Resident Type	
Owner	<input type="checkbox"/>
Owner Family	<input type="checkbox"/>
Unaccompanied Guest	<input type="checkbox"/>
Accompanied Guest	<input type="checkbox"/>
Renter	<input type="checkbox"/>

This Section for Rentals Only

Rental Contract Start Date _____

Rental Contract End Date _____

On-Maui Agent Name _____

On-Maui Agent Phone _____

On-Maui Agent Email/fax _____

Total Adults _____

Total Children _____

Total People this PMIF _____

Wailea Point Office Use Only

Check-in Date/Time _____

Check-out Date/Time _____

Rules Orientation Initials & Date

PMIF-ID

Wailea Point Acknowledgement

Date

Owner or Agent Fax Number: _____

Forms received by email will be acknowledged by email. If you are sending your form by fax, write your fax number above.

You must be in possession of this form to be admitted to Wailea Point.