



Wailea Fairway Villas Tenant Registration Form

Tenant Information:

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Unit Phone #: (808) _____ Cell or Business Phone #: _____

Email Address(es): _____

Term of lease: _____ commencing _____, ____, 20__

Names of all individuals occupying the unit and ages of minors:

List the vehicles that will be parked on Wailea Fairway Villas Property under control of the residents of this unit - one car per bedroom maximum. Please provide a key so that the vehicle can be moved in case of emergencies or for maintenance. (Rule 9.2)

Year ____ Make: _____ Model: _____ Color: _____ License: _____ Key

Year ____ Make: _____ Model: _____ Color: _____ License: _____ Key

Year ____ Make: _____ Model: _____ Color: _____ License: _____ Key

Is there a pet in your unit? Yes No If yes, you must submit a Pet Registration Form. (Rules 11.3 and 20.4)

Emergency Contact: In case of an emergency involving you (the tenant), who is an emergency contact.

Name: _____ Phone Number: _____

The undersigned Tenant(s) acknowledge(s) receipt of a copy of the Rules and Regulations of Wailea Fairway Villas and agree(s) to comply with them. Dated: _____, 20__.

(Tenant Signature) _____

(Tenant Signature) _____

Information below to be completed by Site Manager:

Unit #: ____ - ____ Owner: _____ Mail Box #: _____

Parking space(s) # _____ Date Rec'd _____, 20__ : Initials: _____