Waikiki Banyan Condominium Transient Accommodations Reporting Form

Tower:	Unit:		Date:
OWNER INFORMATION			
Name			
Ivanic	First	Last	Phone
Address			
Address			
City			St/Province
Postal Cod			Country
TRANSIENT ACCOMMODATION TAX ID NUMBER			
OPERATO	R INFORMATION <u>IF</u>	DIFFERENT FROM OWNER	☐ Individual ☐ Organization
Name	First	Last	Phone
Address			
Address			
City			St/Province
			Country
TRANSIENT ACCOMMODATION TAX ID NUMBER			
WEBSITE MARKETING INFORMATION (ATTACH ADDITIONAL PAGE IF NEEDED)			
1		4	
2.		5.	
3.		6.	
LOCAL CONTACT IF DIFFERENT FROM OWNER (MUST BE AN O`AHU ADDRESS) Individual Organization			
Name	First	Last	Phone
Address			
Address			
City			ZIP
			ZIP

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

Email: admin@waikikibanyan.org Fax: 808.921.2037 Mail: AOAO Waikiki Banyan, 201 Ohua Avenue, Ste T2-306, Honolulu, HI 96815