

MAUI VISTA OWNER UPDATE FORM

(please complete and submit to: aoaomv@gmail.com)

UNIT #: _____

Owner Name	
Owner Address	
Owner Phone #'s	Home: _____ Cell: _____
Owner Email	
Can Email be shared with other owners?	Yes _____ No _____
Rental Agent: Primary contact person for guest reservations.	Owner Managed: _____ Company Name: _____ Agent Name: _____ Phone Number: _____ Email: _____
Guest Service Agent: (If different from above) Primary contact person for lockouts, unit concerns, etc.	Name: _____ Phone Number: _____ Email: _____
Comments	
On Island Emergency Contact # (24/7) Required by State Law	Name: _____ Phone: _____
Unit Phone #	
Occupancy Status	Owner Occupied _____ Long Term Rental _____ Short Term Rental _____
Door Lock	Key in Office _____ / Door Code # _____
Completed by:	Name: _____ Date: _____ Signature: _____

***** **Office Use Only** *****

Received on: _____ **Recorded on:** _____ **Filed:** _____