

# RECEIPT FOR TIME SHARE DISCLOSURE STATEMENT

Purchaser Name: \_\_\_\_\_

Purchaser Name: \_\_\_\_\_

A copy of the Disclosure Statement for \_\_\_\_\_,  
*Time Share Project*

TD - \_\_\_\_\_, was received from \_\_\_\_\_,  
*Developer or Agent*

prior to the purchase of \_\_\_\_\_  week(s) or  time share interest(s) or  points  
in the  right to use or  ownership plan.

Other identification, if any: \_\_\_\_\_  
\_\_\_\_\_

Date of Disclosure Statement: \_\_\_\_\_

\_\_\_\_\_  
*Purchaser's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Purchaser's Signature*

\_\_\_\_\_  
*Date*

This material can be made available for individuals with special needs. Please call the Time Share Administrator at (808) 586-2709 to submit your request.