

VILLAS AT KEHALANI CONFIDENTIAL CONTACT AND REGISTRATION FORM

UNIT NO. _____

MAIL BOX NO. _____

OWNERS

NAME: LAST _____ FIRST _____

MAILING ADDRESS _____

PHONE NO. _____ E-MAIL _____

NAME: LAST _____ FIRST _____

MAILING ADDRESS _____

PHONE NO. _____ E-MAIL _____

NAME: LAST _____ FIRST _____

MAILING ADDRESS _____

PHONE NO. _____ E-MAIL _____

TENANTS

NAME: LAST _____ FIRST _____

PHONE NO. _____ E-MAIL _____

NAME: LAST _____ FIRST _____

PHONE NO. _____ E-MAIL _____

EMERGENCY CONTACT

In case of emergency, contact: NAME _____

RELATIONSHIP: _____

PHONE NO. _____ E-MAIL _____

RENTAL MANAGEMENT CO. _____

ISLAND REPRESENTATIVE _____

PHONE NO. _____ E-MAIL _____

AUTOMOBILE

AUTO 1: YEAR _____ MAKE _____ MODEL _____

COLOR _____ LICENSE NO. _____

AUTO 2: YEAR _____ MAKE _____ MODEL _____

COLOR _____ LICENSE NO. _____

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PETS

ASSISTANCE ANIMAL

YES

NO

NUMBER OF PETS _____

PET 1: NAME _____ LICENSE NO. _____

KIND OF ANIMAL _____ WEIGHT _____

DESCRIPTION _____

PET 2: NAME _____ LICENSE NO. _____

KIND OF ANIMAL _____ WEIGHT _____

DESCRIPTION _____

This information is for emergency and management purposes only. Any changes should be reported to the site manager promptly. Owners and tenants are expected to review and abide by the House Rules. Violation of House Rules by owners, their families, tenants, or guests may result in fines for the owner.

My legible signature indicates that this information is factual and that I agree to abide by House Rules:

OWNER _____ DATE: _____

OWNER _____ DATE: _____

OWNER _____ DATE: _____

TENANT _____ DATE: _____

TENANT _____ DATE: _____

ISLAND REPRESENTATIVE _____ DATE: _____