WAIALAE PLACE RESIDENT REGISTRATION

Apt. No:_____ Address: _____

Move-in Date: _____ Parking Stall/Locker No.: _____

First Name: _____ MI: ____ Last Name: _____

(Required) Email Address: _____

Telephone: _____ Business Telephone: _____

Check One: ◯ Owner ◯ Non-Owner

First Name: _____ MI: ____ Last Name: _____

(Required) Email Address: _____

Telephone: _____ Business Telephone: _____

Check One: ◯ Owner ◯ Non-Owner

Additional Person(s) Occupying Unit	Relationship

Emergency Contact: _____

Email Address: _____ Phone: _____

Emergency Contact: _____

Email Address: _____ Phone: _____

Vehicles

Year	Make	Model	Color	License Number

This information is confidential and will be treated accordingly.

I have received a copy of the Waialae Place Association Rules from the apartment owner, or owner's agent and shall occupy the apartment for at least, but no less than 90 days:

_____ _____

Resident Signature Date Signed

Owner's Name (if non-resident): _____

Address: _____

Telephone Numbers: Home:_____ Business:_____

Email Address:_____

Rental Agent Name: _____

Address: _____

Telephone Numbers: Home:_____ Business:_____

Email Address:_____

Note: Non-resident owners who rent out their unit are required to have a local agent.

_____ _____

Owner's Signature Date Signed

This information is confidential and will be treated accordingly.

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Form Instructions

You may fill out this form electronically using Adobe Acrobat, sign, and email the signed form to linalak@associahawaii.com or mail to the main office: Waialae Place, c/o Associa Hawaii, 737 Bishop Street Suite 3100, Honolulu, Hawaii 96813. You may request a PDF version of this form from Linala.

If you do not have a computer with Adobe Acrobat, you may print your information on this form and mail to the address above.

If you have questions, please contact Linala “Lo” King at (808) 354-2890 or linalak@associahawaii.com.

Office Use Only

Last Name:

Apt. No:

Animal Registration Approval:

Parking/Locker Number:

Notes: