

CONFIDENTIAL: FOR MANAGEMENT USE ONLY

Plaza Hawaii Kai Registration Form

Today's Date: _____ Unit #: _____

Check one: ☐ Onsite Owner (fill in Sections 1- 4) ☐ Renter (fill in Sections 1- 4 & 6) ☐ Offsite Owner (fill in Sections 5 & 6 only)

This form needs to be updated at least every two (2) years, or within 7 days if there are any changes.

Section 1 ADULT 1 / PRIMARY CONTACT Primary language spoken: _____

OCCUPANTS First Name: _____ Last Name: _____

Cell #: _____ Work #: _____ # you want programmed in Bldg Interphone: _____

☐ **Check this box if it's okay for us to send text messages to this cell #** _____

Email Address: _____

ADULT 2 Primary language spoken: _____

First Name: _____ Last Name: _____

Cell #: _____ Work #: _____ Other #: _____

☐ **Check this box if it's okay for us to send text messages to this cell #.**

Email Address: _____

ADULT 3 Primary language spoken: _____

First Name: _____ Last Name: _____

Cell #: _____ Work #: _____ Other #: _____

☐ **Check this box if it's okay for us to send text messages to this cell #.**

Email Address: _____

ADULT 4 Primary language spoken: _____

First Name: _____ Last Name: _____

Cell #: _____ Work #: _____ Other #: _____

☐ **Check this box if it's okay for us to send text messages to this cell #.**

Email Address: _____

MINOR 1 First Name: _____ Last Name: _____

MINOR 1 First Name: _____ Last Name: _____

MINOR 1 First Name: _____ Last Name: _____

MINOR 1 First Name: _____ Last Name: _____

Please complete this form and return it promptly to the the Resident Manager. Thereafter, report any changes within 7 days.

(CONTINUED ON THE BACK)

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Section 2 EMERGENCY INFORMATION

EMERGENCY ASSISTANCE NEEDED: ☐ No ☐ YES

RESIDENT'S NAME: _____

RESIDENT'S NAME: _____

EMERGENCY CONTACT 1: Relationship: _____ Located in what state/country?: _____

First Name: _____ Last Name: _____

Cell #: _____ Work #: _____ Email: _____

☐ Check this box if it's okay for us to send text messages to this cell #.

EMERGENCY CONTACT 2: Relationship: _____ Located in what state/country?: _____

First Name: _____ Last Name: _____

Cell #: _____ Work #: _____ Email: _____

☐ Check this box if it's okay for us to send text messages to this cell #.

Section 3 PET

☐ Dog ☐ Cat Name: _____ Description: _____

PETS

SERVICE ANIMAL ☐ Dog ☐ Cat Name: _____ Description: _____

Section 4 PARKING STALL #: _____ Are you renting / loaning this stall to / from another unit ☐ NO ☐ YES, from / to UNIT # _____

Make: _____ Model: _____ Color: _____ License: _____

PARKING STALL #: _____ Are you renting / loaning this stall to / from another unit ☐ NO ☐ YES, from / to UNIT # _____

Make: _____ Model: _____ Color: _____ License: _____

PARKING STALL #: _____ Are you renting / loaning this stall to / from another unit ☐ NO ☐ YES, from / to UNIT # _____

Make: _____ Model: _____ Color: _____ License: _____

☐ Moped ☐ Bike Make: _____ Model: _____ Color: _____ License: _____

☐ Moped ☐ Bike Make: _____ Model: _____ Color: _____ License: _____

Section 5 OFFSITE OWNER

Primary language spoken: _____

OFFSITE First Name: _____ Last Name: _____

OWNER Cell #: _____ Work #: _____ Other #: _____

☐ Check this box if it's okay for us to send text messages to this cell #.

Email Address: _____

Section 6 RENTAL AGENT OR LANDLORD

RENTAL Company Name: _____

AGENT OR Agent's First Name: _____ Agent's Last Name: _____

LANDLORD Cell #: _____ Work #: _____ Other #: _____

Email Address: _____