If you have not already done so,
you are requested to please fill in the blank spaces,
clip, and give it to the Resident Manager. **Mahalo for your kokua!**

Plaza Hawaii Kai

CONFIDENTIAL RESIDENT INFORMATION FORM

Resident Name: _____ Apartment # _____

Additional persons who will occupy apartment:

Name	Relationship	If a child, what age?

Are you an Owner? _____ A Tenant? _____ Pet? Yes ____ No ____ Type of pet _____

Residence Phone _____ Business Phone: _____ Cell Phone _____

Tenants, please list name, address and phone number of Owner or Rental Agent or Property Manager.

Name: _____ Office Phone: _____

Address: _____ Emergency Phone: _____

City: _____ State: _____ Zip code: _____

In case of an Emergency please notify:

Name: _____ Relationship _____ Phone number: _____

Emergency Doctor: _____ Phone number: _____

Emergency Hospital: _____ HMSA _____ KAISER _____ Other _____

Please list and describe motor vehicles that will be parked in the garage:

Make	Model	Color	License Number	Parking Stall #

Please list and describe bicycles that will be parked in garage:

Make	Model	Color	License Number	Plaza Hawaii Kai Registration #

Storage locker Number: _____

Please advise if any resident has a disability or handicap that may require special help in an emergency.

Name	Nature of Handicap	Type of Assistance needed

I understand that the Manager or a designated Board Representative may enter my apartment in my absence in the case of an emergency.
I have been issued a copy of the House Rules and agree to abide by them.

Signed by: _____

Print Name: _____ Date: _____