

**AOAO Makaha Valley Plantation
HOMEOWNER INFORMATION FORM**

Homeowners Name(s): _____ Unit #: _____

Home #: _____

Work/Cell #: _____

Billing Address: _____
E-Mail Address: _____
Correspondence Address: _____

Do you reside in your unit? Yes ___ No ___
If "No" above, Do you rent out your unit? Yes ___ No ___

Tenant(s) Name(s) : _____ Home #: _____

Cell #: _____

Work #: _____

RENTAL AGENT:

Management Co.: _____ Agent's Name: _____
Address: _____ Office #: _____
E-Mail Address: _____ Cell #: _____

** An on-island LOCAL CONTACT is required if you do not reside in your unit, who has access to your unit / registered vehicle in times of emergency**

***LOCAL CONTACT:**

Name(s): _____ Contact #(s): _____
E-Mail: _____

EMERGENCY INFORMATION: (CONTACT PERSON IN CASE OF AN EMERGENCY)

Name: _____ Home #: _____
Address: _____ Work/Cell# _____
Name: _____ Home #: _____
Address: _____ Work/Cell# _____

COMPLETED BY:

(Print)

(Signature)

(Date)