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)*

Please return this form to:

Associa Hawaii

737 Bishop Street, Suite 3100, Honolulu, HI 96813

Phone: (808) 836-0911 Fax: (888) 608-4021