

**AOAO Makaha Valley Plantation
HOMEOWNER INFORMATION FORM**

Homeowners Name(s): _____ Unit #: _____

Home #: _____

Cell /other #: _____

Billing Address: _____

Email 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 #: _____

Email Address: _____ Cell #: _____

Fax #: _____

LOCAL CONTACT:

Name(s): _____ Contact #: _____

Email Address: _____

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

Name: _____ Home #: _____

Email Address: _____ Cell/Other #: _____

Name: _____ Home #: _____

Email Address: _____ Cell/Other #: _____

Signature: _____ Date: _____