

Hale O Kalani Towers

(All residents are required to fill out an information form and return it to the bldg. Managers Office, #104)

Resident Information - **OWNER OCCUPANT** Date ____/____/____



Unit#

Parking stall#

Vehicle _____ Color _____ Lic. _____

Owners name _____ cell () _____ - _____

work () _____ - _____

apt. () _____ - _____

Unit owners email address _____

Number of other occupants

Their names and phone numbers;

_____ () _____ - _____

_____ () _____ - _____

_____ () _____ - _____

Entry Phone Directory

If you want to be listed in the entryphone directory fill out the information in this box. Otherwise leave it blank.

Name _____ () _____ - _____

Addl. Name _____ () _____ - _____

Emergency contact in case of fire or flood etc.

1st _____ () _____ - _____

2nd _____ () _____ - _____