

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 - **RENTER** Date ____/____/____

R

Unit #	
Stall #	

Vehicle _____ Color _____ Lic. # _____

Primary Renter _____ cell () _____ - _____
First name Last name

work () _____ - _____

Email address _____ apt. ph. () _____ - _____

Number of other occupants
Names & phone no.'s

_____ ph. () _____ - _____

_____ ph. () _____ - _____

_____ ph. () _____ - _____

Unit owners name _____ cell () _____ - _____

Unit owners address _____ other no. () _____ - _____

Unit owners email address _____

_____ and/or _____

Rental agent or realty agency _____ ph. () _____ - _____

Unit owners rep. or agent _____ ph. () _____ - _____

Entry Phone Directory

If you want to be listed in the entry phone directory, fill out the information in this box.

Name _____ ph. () _____ - _____

Additional name? _____ ph. () _____ - _____

Emergency contacts: (in case of fire, flood etc.)

1st _____ ph. () _____ - _____

2nd _____ ph. () _____ - _____