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REGISTRATION FORM

RESIDENT INFORMATION	Move-in Date:/	_/ Move-out D	ate://
1. FIRST CONTACT:			
	FirstName MI	Last Name	
A. Please check one: Owner	Renter 🗌 Trustee 🔲 Company Re	presentative	
	_ □ Cell □ Landline □ Work PHONE 2:	•	☐ Cell ☐ Landline ☐ Work
	Cell Landline Work e-mail:		
Legal Address:			
20gai 71dai 000.	Street Address	City State	Country
C. Purchase Date: (if applicable):/	/Lease Dates: (if applicable):	/ to	_// Copy Provided
2. SPOUSE/PARTNER:			
	First Name MI	Last Name	
	_ □ Cell □ Landline □ Work PHONE 2:		
PHONE 3:	_ □ Cell □ Landline □ Work e-mail:		
3. OTHER RESIDENTS: Name	es of others residing in apartment- Includ	de age if minor (under 1	8 years old).
A. NAME:			
DECT DUCKE	Relationship to First Contact	email	
BEST PHONE:	Cell	2:	
B. NAME:			
	Relationship to First Contact	email	
BEST PHONE:	Cell 🗌 Landline 🗆 Work PHONE	2:	Cell Landline Work
C NAME.			
C. NAME:	Relationship to First Contact	 email	
BEST PHONE:	· ·		☐ Cell ☐ Landline ☐ Work
D. NAME:			
DECT DUONE	Relationship to First Contact	email	
BEST PHONE:	Cell Landline Work PHONE	2:	□ Cell □ Landline □ Work
4. AUTHORIZED ENTRANTS:	(i.e. non-residents allowed access to un	nit permanently -not tem	nporary guests):
A. NAME:		<u> </u>	
DEGT DUGUE	Relationship to Residents	email	
BEST PHONE:	Cell Landline Work PHONE	2:	Cell Landline Work
B. NAME:			
	Relationship to Residents	email	
BEST PHONE:	Cell 🗌 Landline 🗌 Work PHONE	2:	Cell 🗌 Landline 🗌 Work
5. EMERGENCY CONTACTS:	(Not living with you)		
A. NAME:	Relationship to Residents	- <u></u> email	
BEST PHONE:	Cell Landline Work PHONE		☐ Cell ☐ Landline ☐ Work
	Oon — Landing — Work 1 FIONE		CON CLANGING C WORK
C. NAME:		· —————	
2507 2110115	Relationship to Residents	email	
BEST PHONE:	Cell Landline Work PHONE	2:	Cell Landline Work
			Turn Over

6. EMERGENC	Y ALERT: For re	esidents who require	e assistance in the ev	ent of an emergei	псу.
A. Name:			Condition:		
Type of assista	nce:				
7. Vehicle Info	rmation:				
	Make/Model/Year		Color	License	No
В	Make/Model/Year		Color	License	No
C	Make/Model/Year		Color	License	No
If you are currently replease inform manage		(other than your unit s	stall) OR if you are rentin	ng out your parking s	stall to another resident,
piease illioitti manag	<i>детнет</i> и.				
	f Board Informa				
Bicycle Sticker No	(s):		Surf Bo	oard Locker No: _	
UNIT INFORM	ATION				
		** Required if ow	ner resides out of	state**	
1. AGENT/LOC					
BEST PHONE:		Name _ ☐ Cell ☐ Office	PHONE 2:		Company □ Cell □ Office
e-mail:		Address:			
		ENT.]
		ENT:		L	Homeowners L Renters
Proof of nomeow	mers insurance is r	<mark>equired by the AOA</mark>	O annually.	☐ Received	
3. SPARE KEY	is on file at the f	ront desk: Yes 🗌	No 🗌		
* If yes was check	<mark>ed above, please si</mark>	<mark>ign separate key ind</mark>	demnification form.	☐ Form Sign	ned
IMPORTANT	INFORMATIC	N			
4 4					
1. Acceptance		oroby	□ do not		
authorize 1350 AL	A MOANA Board of		ager, or Association er		ot packages on my behalf.
			by agree to indemnify, employees from and a		harmless 1350 ALA claims, demands, actions
causes of action, o		ny kind whatsoever,			sing from the acceptance
2. House Rules	_	20114111			
		ave received a copy	y of the 1350 ALA MO	ANA House Rules	S.
Signature:				Date:/	/
Signature:					
orginature.				Date/	/