Hawaiki Tower Resident Data Sheet

RESIDENT	INFORMATION	N				
UNIT:			OWNER:	TENANT:	DATE:	
ASSISTAN			LEASE START DATE		LEASE END DATE:	
I CONSEN	T TO RECEIVING	G NOTIFICA	TIONS OF PACKA	GE DELIVERIES, VI	A TEXT OR EMAIL*	YES NO
FIRST NAM	ЛЕ:			HOME PHONE:		
LAST NAME:				CELL PHONE:		
EMAIL:				WORK PHONE:		
FIRST NAME:				HOME PHONE:		
LAST NAME:				CELL PHONE:		
EMAIL: _				WORK PHONE:		
ADDITIONAL OCCUPANT:				ADDITIONAL OCCUPANT:		
ADDITIONAL OCCUPANT:				ADDITIONAL OCCUPANT:		
_		_				
ADDITION	AL INFORMAT	ION				
EMERGENCY CONTACT:				PHONE:		
EMERGENCY CONTACT:				PHONE:		
EMERGENCY CONTACT:				PHONE:		
	Make		Model	Color	License	Stall #
VEHICLE:						
VEHICLE:						
VEHICLE:						
	Туре	Pe	et's Name	Breed	Color	Weight
PET:						

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OFF-SITE OWNER INFORMATION					
OWNER(S):	EMAIL(S):				
ADDRESS:	HOME PHONE:				
	CELL PHONE:				
	WORK PHONE:				
	OTHER PHONE:				
AGENT / LOCAL CONTACT INFORMATION					
FIRST NAME:	EMAIL:				
LAST NAME:	BUSINESS PHONE:				
COMPANY:	CELL PHONE:				
ADDRESS:	FAX NUMBER:				
	OTHER PHONE:				
OTHER INFORMATION					

^{*}By checking this box, you are agreeing that we, our representative(s) or agent(s) may contact you. You agree that we may contact you using any contact information relating to this registration form including any number or email address (i) you have provided to us (ii) from which you called us, or (iii) which we obtained and through which we reasonably believe we can reach you. You agree we may use any means to contact you. This may include calls made to your cellular telephone using an automatic telephone dialing system, artificial or prerecorded voice messages, text messages, mail, e-mail, and calls to your phone or Voice over Internet Protocol (VoIP) service, or any other data or voice transmission technology. You agree to promptly notify us if you change any contact information you provide to us. You are responsible for any service provider charges as a result of us contacting you.