

RESIDENT REGISTRATION INFORMATION

Move-in Date: _____ **Move-out Date:** _____

A. Resident Name(s): *(list all residents living in the apartment, include age if minor – please print)*

| | | | | | |
|----|---|------------|------------|------------|------------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| | Last Name (please print) | First Name | Home Phone | Cell Phone | Bio Scan (Y / N) |
| 2. | _____ | _____ | _____ | _____ | _____ |
| | Last Name (please print) | First Name | Home Phone | Cell Phone | Bio Scan (Y / N) |
| 3. | _____ | _____ | _____ | _____ | _____ |
| | Last Name (please print) | First Name | Home Phone | Cell Phone | Bio Scan (Y / N) |
| 4. | _____ | _____ | _____ | _____ | _____ |
| | Last Name (please print) | First Name | Home Phone | Cell Phone | Bio Scan (Y / N) |
| 5. | _____ | _____ | _____ | _____ | _____ |
| | Last Name (please print) | First Name | Home Phone | Cell Phone | Bio Scan (Y / N) |
| 6. | _____ | | _____ | _____ | _____ |
| | If Military, Commander's Name (please print) | | Home Phone | Cell Phone | Business Phone |

B. E-mail Address: _____
(Optional)

C. Mailing Address: _____
Street Address City State Zip Code

D. Fob Information: _____ Signature / Date

| | | |
|-------------|-----------------|-------|
| Fob # _____ | Issued to _____ | _____ |
| Fob # _____ | Issued to _____ | _____ |
| Fob # _____ | Issued to _____ | _____ |
| Fob # _____ | Issued to _____ | _____ |
| Fob # _____ | Issued to _____ | _____ |

E. Pet Registration: *(list name of pet, adult weight, and breed)* _____

F. Vehicle Information:

| | | | | | | |
|----|------------|-------|-------|----------------|--------------|--------------|
| 1. | _____ | _____ | _____ | _____ | _____ | _____ |
| | Make/Model | Year | Color | License Number | Stall Number | Decal Number |
| 2. | _____ | _____ | _____ | _____ | _____ | _____ |
| | Make/Model | Year | Color | License Number | Stall Number | Decal Number |
| 3. | _____ | _____ | _____ | _____ | _____ | _____ |
| | Make/Model | Year | Color | License Number | Stall Number | Decal Number |

G. Rented Parking Stall(s): *(if not applicable please print N/A)*

_____ Rented From (Name) _____ Rented To (Name) _____ Stall Number _____ Rental Lease Date

_____ Rented From (Name) _____ Rented To (Name) _____ Stall Number _____ Rental Lease Date

H. Motorcycle Information: _____
Type / Color Stall Number

I. Moped Information: _____
Type / Color

J. Bicycle Information: (1) _____
Type / Color Decal Number
(2) _____
Type / Color Decal Number

K. In Case of an Emergency, contact:

_____ () _____
Name Relationship Phone Number

Is there anyone in the unit that would need special help in case of an emergency? _____

L. House Rules: I, the undersigned Owner/Resident, have received a copy of the Honolulu Park Place House Rules (Revised 2016).

M. Club Rules: I, the undersigned Owner/Resident, have received a copy of the Honolulu Park Place Club Rules.

N. Insurance: I, the undersigned Owner/Resident, have received a copy of the information regarding the insurance claim policy and master policy/homeowners coverage.

_____ Print Name _____ Signature _____ Date

_____ Print Name _____ Signature _____ Date

_____ Print Name _____ Signature _____ Date

FOR OFFICE USE ONLY

RFP: _____