

# Hawaiki Tower Owner Data Sheet

Please Print

RESIDENCE NUMBER \_\_\_\_\_ PARKING STALL(S) \_\_\_\_\_ ENTERPHONE \_\_\_\_\_ DATE \_\_\_\_\_

**OWNER OCCUPANT/TENANT:**

TENANT NAME \_\_\_\_\_ PROPERTY: Hawaiki Tower  
ADDRESS \_\_\_\_\_ BUILDING: Resident Tower  
\_\_\_\_\_ AREA: UNIT # \_\_\_\_\_  
\_\_\_\_\_ OK to do billable work for tenant? [ ] no.  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ Lease term: \_\_\_\_\_ to \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ FIRST CONTACT/AGENT \_\_\_\_\_  
FAX PHONE \_\_\_\_\_ SECOND CONTACT/OWNER'S PRIMARY RESIDENCE  
CELL PHONE \_\_\_\_\_ \_\_\_\_\_  
ENTERPHONE \_\_\_\_\_ THIRD CONTACT/BILLING ADDRESS  
\_\_\_\_\_

**TENANT'S ADDITIONAL DATA:**

MAINTENANCE FEE \_\_\_\_\_  
VEHICLE LICENSE #1 \_\_\_\_\_ VEHICLE LICENSE #2 \_\_\_\_\_  
ADDITIONAL OCCUPANT #1 \_\_\_\_\_ ADDITIONAL OCCUPANT #2 \_\_\_\_\_  
ADDITIONAL OCCUPANT #3 \_\_\_\_\_ ADDITIONAL OCCUPANT #4 \_\_\_\_\_  
ACCESS CARD #1 \_\_\_\_\_ ACCESSCARD #2 \_\_\_\_\_ ACCESS CARD #3 \_\_\_\_\_  
ACCESS CARD #4 \_\_\_\_\_ ACCESSCARD #5 \_\_\_\_\_

**AGENT:**

LAST NAME \_\_\_\_\_ PREFIX \_\_\_\_\_  
FIRST NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_  
MIDDLE NAME \_\_\_\_\_ SUFFIX \_\_\_\_\_  
TITLE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ FAX PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
\_\_\_\_\_ PHONE \_\_\_\_\_

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**OWNER'S PRIMARY RESIDENCE:**

LAST NAME \_\_\_\_\_

PREFIX \_\_\_\_\_

FIRST NAME \_\_\_\_\_

NICKNAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

SUFFIX \_\_\_\_\_

TITLE \_\_\_\_\_

BIRTHDAY \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FAX PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

**THIRD CONTACT/BILLING ADDRESS:**

LAST NAME \_\_\_\_\_

PREFIX \_\_\_\_\_

FIRST NAME \_\_\_\_\_

NICKNAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

SUFFIX \_\_\_\_\_

TITLE \_\_\_\_\_

BIRTHDAY \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FAX PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

NOTES: SPECIAL CONSIDERATIONS

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