

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
EMAIL _____

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 _____
EMAIL _____

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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 _____

EMAIL _____

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 _____

EMAIL _____

NOTES: SPECIAL CONSIDERATIONS
