

## Resident Information Update

Office Use

First Last Home Phone

Number-Street	City	State	Zip Code

Lot Address 

	Honolulu	Hawaii	96821
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How do you want your mail addressed? (Mr., Mrs., Dr., etc.) Contact Phone Fax Number

Mailing Address 

Number-Street	City	State	Zip Code

**Emergency Information:**

Owner's First Name	Company	Street Address	City	Zip Code	Phone	Position

	First Name	Last Name	Relationship	Driver?
Names of other family members living with property owner(s)				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

If your house (or portion thereof) is rented, please complete the following:

Renter Name	Renter Res. Phone	Renter Bus. Phone

	Name	Animal	Breed	Color
Please list your pets				

Property Owner's Signature \_\_\_\_\_

Please fill form out completely and return to the guard station  
Thank you for your time and cooperation, Waialae Iki 5 Security

# APPLICATION FOR VEHICLE DECALS

## Initial Application for New Owners Only

Office Use   

	FIRST	LAST	HOME PHONE
Property Owner Name(s)			

	NUMBER-STREET	CITY	STATE	ZIP
Lot Address		Honolulu	HI	96821

	HOW DO YOU WANT YOUR MAIL ADDRESSED? (MR., MRS., DR., ETC.)	CONTACT PHONE	FAX NO.
Mail Address			
	NUMBER-STREET	CITY	STATE

**Emergency Information:**

OWNERS' 1ST NAME	COMPANY NAME	STREET ADDRESS	CITY	ZIP	PHONE	POSITION

**Names of other family members living with property owner(s)**

FIRST NAME	LAST NAME	RELATIONSHIP	DRIVER?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**If your house (or portion thereof) is rented, please complete below:**

RENTER NAME	RENTER RES PHONE	RENTER BUS PHONE

**Vehicle Data:**  
List only vehicles that are driven exclusively by owners or by family members living with owners in Waialae Iki 5.

YEAR	MAKE	MODEL	COLOR	LICENSE NO.	OFFICE USE

*Please affix the decals on the inside of the windshield in the lower left corner (driver's side).*

The undersigned understands and agrees that the decals are restricted for use on vehicles driven exclusively by property owners or by resident family members living with property owners in Waialae Iki 5, and is not to be used by others, including but not limited to, renters, house sitters, long-term guests, and employees. The undersigned further agrees to show vehicle registration documents if deemed necessary by the Association.

Property Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fill form out completely and turn it in to the Guard Station, or mail to: Waialae Iki 5, 1959 Laukahi St., Honolulu, HI 968