

# AOAO GATEWAY PENINSULA

## UNIT REGISTRATION FORM

UNIT # \_\_\_\_\_ Check one: \_\_\_\_\_ Owner occupied \_\_\_\_\_ Tenant Occupied

OCCUPANTS: 1] \_\_\_\_\_  
Name phone email  
2] \_\_\_\_\_  
3] \_\_\_\_\_  
4] \_\_\_\_\_

RENTAL AGENT: \_\_\_\_\_  
(If applicable) (name/company) ( phone) (email)

OWNER(s): \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
(name) (phone)

Do you have anyone residing in the unit requiring special assistance to vacate the unit in the event of an emergency? **CIRCLE ONE:** YES or NO

If you wish to use the BICYCLE STORAGE rack/area, please supply the following:

Bike owner	Bike description	Bike C/C registration number
_____	_____	_____
_____	_____	_____
_____	_____	_____

OWNER'S INSURANCE (Required): \_\_\_\_\_  
Company Policy number

### ACKNOWLEDGED:

1. I have received a copy of the House Rules
2. I agree to comply with the House Rules
3. I have working smoke detectors
4. I understand that all owners should have HO-6 insurance
5. I understand that occupancy or other changes to the information above must be reported to Hawaiiana Management within 48 hours.

SIGNATURE: \_\_\_\_\_ Rec'd by HMC on \_\_\_\_\_  
(owner or agent) (date)

Print owner or agent name: \_\_\_\_\_