

**Renters LEASE DATE FROM:** 

# CONFIDENTIAL

## **Renter Registration**

Unit #: \_\_\_\_\_

TO:

List only	names that are <u>on the lease</u> for the Unit.
❖ First Nar	ne:Last Name:
Cell #: _	Other Contact #:
Email: _	
Check if	you wish to receive:
❖ First Nar	ne:Last Name:
Cell #:	Other Contact #:
Email: _	
Check if	you wish to receive:   Email Notifications/Eblasts
<b>Unit Ph</b>	one #: EnterPhone #: (Must be local Oahu #)
Emerge	ncy Contact: Phone #:
Relatio	This emergency contact will be good for all residing in the unit.
<b>⇒</b> Emerge	Resident of this Unit requires evacuation assistance.  Please write any additional information on the back of this page.  Assistance is not required.
	<b>lote:</b> Renters are not authorized to purchase Key FOBs or Pool Keys without written consent from the Home r Managing Agent.
Must at	tach a copy of the Rental Agreement. (Private information such as Social Security Numbers should be blacked out)
	❖ Signature: Date:



UNIT #:			

### **Rental Residents:**

Any individuals living in the Unit that are not listed on the Lease – include children.

❖ Name: _		Relationship:
Email: _		Phone #:
Age:	(ONLY if under 18)	
❖ Name: _		Relationship:
Email: _		Phone #:
Age:	(ONLY if under 18)	
❖ Name: _		Relationship:
Email: _		Phone #:
Age:	(ONLY if under 18)	
❖ Name: _		Relationship:
Email: _		Phone #:
Age:	(ONLY if under 18)	
❖ Name: _		Relationship:
Email: _		Phone #:
Age:	(ONLY if under 18)	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



UNIT #:	
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## **Authorized Guests & Contractors, Length & Reason of stay:**

Fr	rom:	To:
	You may preapprove recurring visitors that you v	would like to be authorized to enter the building under your orized to schedule deliveries or moves on your behalf.
<b>*</b>	Name of Guest:	Phone #:
	Name of Company:(If Applicable)	Permissions Granted:(Schedule Moves, Deliveries)
	Comments/Reason of stay (vacation, cleaner, et	tc.):
<b>*</b>	Name of Guest:	Phone #:
	Name of Company:(If Applicable)	Permissions Granted:(Schedule Moves, Deliveries)
	Comments/Reason of stay (vacation, cleaner, et	tc.):
*	Name of Guest:	Phone #:
	Name of Company:(If Applicable)	Permissions Granted: (Schedule Moves, Deliveries)
	Comments:	
<b>*</b>	Name of Guest:	Phone #:
		Permissions Granted:
	(If Applicable)  Comments:	(Schedule Moves, Deliveries)
<b>-</b>	These authorized Guests and their given permiany changes.	issions will remain valid until the Front Desk is notified in writing of
•	The Association reserves the right to deny accepthis form, for any reason deemed necessary.	ess to any Guests without the Home Owner present, regardless of
	Print Name:	
	Signature:	Date:

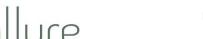


UNIT #:

### **Vehicle Registration:**

All vehicles must be registered and sticker decals displayed to avoid the risk of being towed.

			the Unit by purchase agreement: e complete Parking Stall Rental Form)
1.	Sticker #:		License Plate State: License Plate #:
	Make/Model/Color:		
2.	Sticker #:		License Plate State: License Plate #:
	Make/Model/Color:	•	
REI	MOVE VEHICLE FROM RECORD: applies	to currer	nt residents
3.	Sticker #:		License Plate:
	Make/Model/Color:		
	Print Name:		
	Signature:		Date:



UNIT #:
IINIIT #.

Mail Acceptance Form:

List all names for which The Association is authorized to accept mail:

*	*	
*	*	
*	*	
*	*	
All parcel notification will be via email unless otherwise specified		
here: Indicate if you prefer a		
phone call notification YES:	Phone:	
	NAME(S):	_
DO NOT EMAIL THE FOLLOWING FOR PARCEL NOTIFICATION:		_
I hereby authorize the Front Desk to a	ccept packages on the behalf of the above listed Occupants of my Unit. I	
understand that the Association is no	responsible for any lost or damaged packages and that it does not accep	t
any liability for its content and condit	on.	
I acknowledge it is my responsibility t	o regularly check the Allure Procedures and remain up to date on the mos	t
current rules and regulations		
Print Name:		
Signature:	Date:	



Unit #:	

We would like to know your language preferences when receiving important information from Allure Waikiki Management. Though **it is not always possible to provide translations**, your assistance in answering the questions below is greatly appreciated and will allow us to help you.

Native language:
Do you understand $spoken$ English: $\square$ Yes $\square$ No
Do you understand <i>written</i> English: ☐ Yes ☐ No
Can you <i>speak</i> English: ☐ Yes ☐ No
If No, please provide an English-speaking contact:
Name:
Contact phone #:
Print Name:
Signature:
Date:



# allure Surfboard Storage Rental

Unit	#:	Registration Date:		
Resid	dent Name:		Stall #:	
Desc	ription:			
Phot	o:			
	_	ored at my own risk, and the of any surfboard stored in th	nt the Association is not liable ne Common Areas.	
	rledge it is my responsibility the most current rules and r		Procedures and remain up to	
Print Nam	ne:			
<b>.</b>			<b>5</b> .1.	



# allure Bicycle Storage Stall Rental

	Unit #:		Registration Date:	
	Resident Name:			
	Decal #:		City Registration #:	
	Description:			
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	Photo:			
			at my own risk, and that the Association is not liable in ny bicycles stored in the Common Areas	
		e it is my responsibility to ost current rules and re	o regularly check the Allure Procedures and remain up to gulations.	
Prii	nt Name:			
			_	



## **Lock Box Registration**

Unit #:	Lock Box Registration #:			
Description of Lock Box:				
I understand that the use of the lock box station is at my own risk, and that the Association is not liable in any way for any harm that comes of its use.				
I acknowledge it is my responsibility to regularly check the Allure Procedures and remain up to date on the most current rules and regulations.				
Resident Name:				
Signature:				
	Date			



## **Medical Awareness Form**

Disclaimer: This form is strictly voluntary! Please complete ONLY if you would like Management to act in a specific way in case a medical emergency occur. You, by no means, are obligated to inform Management of any medical conditions. The Association holds no liability for inability to perform these actions properly or timely.

Name:	Unit #:
Please describe medical condition, includ	ling warning signs & symptoms:
What steps would you like for our Staff to	o take in case of medical emergency?
Emergency Contact:	Phone:
Preferred Hospital:	
Signature:	Date: