



Resident Registration Card

CONFIDENTIAL

Renter Registration

Unit #: _____

Renters LEASE DATE FROM: _____ **TO:** _____

List only names that are on the lease for the Unit.

❖ First Name: _____ Last Name: _____

Cell #: _____ Other Contact #: _____

Email: _____

Check if you wish to receive: ☐ Email Notifications/Eblasts

❖ First Name: _____ Last Name: _____

Cell #: _____ Other Contact #: _____

Email: _____

Check if you wish to receive: ☐ Email Notifications/Eblasts

➡ Unit Phone #: _____ EnterPhone #: **(Must be local Oahu #)** _____

➡ Emergency Contact: _____ Phone #: _____
Relationship: _____ To: _____

This emergency contact will be good for all residing in the unit.

➡ Emergency Evacuation List: ☐ Resident of this Unit requires evacuation assistance. ☐ Assistance is not required.
Please write any additional information on the back of this page.

➡ **Please Note:** Renters are not authorized to purchase Key FOBs or Pool Keys without written consent from the Home Owner or Managing Agent.

➡ **Must attach a copy of the Rental Agreement.** (Private information such as Social Security Numbers should be blacked out)

⊕ Signature: _____ Date: _____

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: _____

Authorized Guests & Contractors, Length & Reason of stay:**From:** _____ **To:** _____

You may preapprove recurring visitors that you would like to be authorized to enter the building under your responsibility. Personal contractors can be authorized to schedule deliveries or moves on your behalf.

❖ Name of Guest: _____ Phone #: _____

Name of Company: _____ Permissions Granted: _____
(If Applicable) (Schedule Moves, Deliveries)

Comments/Reason of stay (vacation, cleaner, etc.): _____

❖ Name of Guest: _____ Phone #: _____

Name of Company: _____ Permissions Granted: _____
(If Applicable) (Schedule Moves, Deliveries)

Comments/Reason of stay (vacation, cleaner, etc.): _____

❖ Name of Guest: _____ Phone #: _____

Name of Company: _____ Permissions Granted: _____
(If Applicable) (Schedule Moves, Deliveries)

Comments: _____

❖ Name of Guest: _____ Phone #: _____

Name of Company: _____ Permissions Granted: _____
(If Applicable) (Schedule Moves, Deliveries)

Comments: _____

➡ These authorized Guests and their given permissions will remain valid until the **Front Desk** is notified in writing of any changes.

➡ The Association reserves the right to deny access to any Guests without the Home Owner present, regardless of this form, for any reason deemed necessary.

Print Name: _____

Signature: _____ Date: _____

Vehicle Registration:

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

Parking Stall(s) associated to the Unit by purchase agreement:
(For rented parking stalls, please 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:

REMOVE VEHICLE FROM RECORD: applies to current residents

3. Sticker #:

License Plate:

Make/Model/Color:

Print Name: _____

Signature: _____ Date: _____

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 accept packages on the behalf of the above listed Occupants of my Unit. I understand that the Association is not responsible for any lost or damaged packages and that it does not accept any liability for its content and condition.

I acknowledge it is my responsibility to regularly check the Allure Procedures and remain up to date on the most current rules and regulations

Print Name: _____

Signature: _____ Date: _____



Native Language Form

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: ☐ Yes ☐ No

Do you understand *written* English: ☐ Yes ☐ No

Can you *speak* English: ☐ Yes ☐ No

If No, please provide an English-speaking contact:

Name: _____

Contact phone #: _____

Print Name: _____

Signature: _____

Date: _____



Surfboard Storage Rental

Unit #:	Registration Date:
Resident Name:	Stall #:
Description:	

Photo:

I understand that surfboards are stored at my own risk, and that the Association is not liable in any way for any theft or damage of any surfboard stored in the Common Areas.

I acknowledge it is my responsibility to regularly check the Allure Procedures and remain up to date on the most current rules and regulations.

Print Name: _____

Signature: _____ Date: _____



Bicycle Storage Stall Rental

Unit #:	Registration Date:
Resident Name:	
Decal #:	City Registration #:
Description:	

Photo:

I understand that bicycles are stored at my own risk, and that the Association is not liable in any way for any theft or damage of any bicycles stored in the Common Areas. .

I acknowledge it is my responsibility to regularly check the Allure Procedures and remain up to date on the most current rules and regulations.

Print Name: _____

Signature: _____ Date: _____



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, including warning signs & symptoms:

What steps would you like for our Staff to take in case of medical emergency?

Emergency Contact: _____ Phone: _____

Preferred Hospital: _____

❖ Signature: _____ Date: _____