

RESIDENT REGISTRATION FORM - VILLAGES AT WAIPIO

(PLEASE PRINT)

RESIDENT INFORMATION

Unit # _____ Parking Stall # (s) (1) _____ (2) _____ Pool Key #: _____

Move-in Date: _____ E-mail: _____

Resident Name : (Head of household) _____

Home Phone: (808) _____ - _____ Cell Phone: () _____ - _____

Name of Employer: _____ Phone Number (808) _____ - _____

Work address: _____

Work Phone: (808) _____ - _____ Work Cell Phone: (808) _____ - _____

Do you have any pets? Yes _____ or No _____ How many? _____

PET DESCRIPTION: _____

(please provide association with photo of pet or pets)

HOME OWNER OR MANAGEMENT COMPANY

(Circle One)

Name: _____

Address: _____ City: _____ State: _____ Zip _____

Home Phone: (808) _____ - _____ Work Phone: (808) _____ - _____ Cell Phone: () _____ - _____

Other Residents Living in Apartment:

1. _____	age _____	male <input type="checkbox"/>	female <input type="checkbox"/>
2. _____	age _____	male <input type="checkbox"/>	female <input type="checkbox"/>
3. _____	age _____	male <input type="checkbox"/>	female <input type="checkbox"/>
4. _____	age _____	male <input type="checkbox"/>	female <input type="checkbox"/>

Vehicle Registration

	make	model	color	year	Lic # (REQUIRED)
Vehicles #1	_____	_____	_____	_____	_____
Vehicles #2	_____	_____	_____	_____	_____
Vehicles #3	_____	_____	_____	_____	_____
Vehicles #4	_____	_____	_____	_____	_____

Emergency Contact Name: _____ Phone #() _____ - _____

- I have received and read a copy of the House Rules.
- I understand my personal information will be used by the Resident Manager to conduct the business of the association and will not be released to others.
- I understand that overnight guests establishing a pattern of part-time residency will be viewed as residents and subject to all house rules, including the visitor parking policy.

Signature of Resident: _____ Date _____