

Carlton Place (055)

Homeowner Registration Form
(Please Print Clearly)

OWNER INFORMATION:

Date: _____ Unit No(s): _____

Name(s) of property owner: _____

Owner mailing address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Home: (____)-____-____ Work: (____)-____-____

Cell: (____)-____-____ Fax: (____)-____-____

E-mail: _____

MORTGAGEE INFORMATION (if applicable):

Company: _____ Acct No: _____

Address: _____ Contact: _____

City: _____ State: _____ Zip Code: _____

Work: (____)-____-____ Fax: (____)-____-____

RENTAL AGENT/MANAGER:

Company: Hawaii Realty Management Corp Name(s) of Agent/Manager: Steven M. Costello

Agent/Manager mailing address: 2745 South King Street

City: Honolulu State: HI Zip Code: 96826

Work: (808)-941-2948 Cell: (____)-____-____ Fax: (808)-440-4553

Email: steven@hawaiiirealtymanagement.com

RESIDENT/TENANT INFORMATION: (if applicable)

Name(s) of Tenants: _____

Home: (____)-____-____ Work: (____)-____-____ Cell: (____)-____-____

Email: _____

Number of Adults occupying unit: Male: _____ Female: _____

Name(s) & Age(s) of children occupying unit:

Male: _____ Female: _____

*****Continued on other side**

EMERGENCY CONTACT:

Name(s): _____

Home: (____)-____-____ Work: (____)-____-____ Cell: (____)-____-____

Name(s): _____

Home: (____)-____-____ Work: (____)-____-____ Cell: (____)-____-____

Send completed forms to:

Hawaii First, Inc.
800 Bethel Street, Suite 501
Honolulu, HI 96813

-or-

Fax: (808) 566-9939