

**KEHALANI COMMUNITY ASSOCIATION
OWNER CONTACT FORM**

UNIT/LOT # (s): _____

NEIGHBORHOOD: _____

Mailing Address: _____

If necessary, would you like us to change your billing address in our records to the address you provided above? YES

Property Address: _____
WAILUKU HI 96793

1st Owner

2nd Owner

Name: _____

Name: _____

Residence: (_____) _____

Residence: (_____) _____

Fax: (_____) _____

Fax: (_____) _____

Business: (_____) _____

Business: (_____) _____

Cell: (_____) _____

Cell: (_____) _____

Other _____: (_____) _____

Other _____: (_____) _____

Other _____: (_____) _____

Other _____: (_____) _____

E-mail: _____

E-Mail: _____

1ST OWNER SIGNATURE

2ND OWNER SIGNATURE

PLEASE TAKE A FEW MOMENTS
TO COMPLETE THIS FORM AND RETURN TO:
HAWAIIANA MANAGEMENT COMPANY LTD.
1305 NORTH HOLOPONO STREET, SUITE 3A
KIHEI, HI 96753
FAX AT 808/873-7423