



Owner Registration

Unit #: _____

Primary Residence 2nd Home Rental

Owners:

List only names that are on the deed for the unit. If unit is owned by a Trust or LLC, list any authorized members.

First Name: _____ Last Name: _____

Cell #: _____ Other Contact #: _____

Email: _____

Check if you do NOT wish to receive: Emergency SMS Alerts Email Notifications/Eblasts

First Name: _____ Last Name: _____

Cell #: _____ Other Contact #: _____

Email: _____

Check if you do NOT wish to receive: Emergency SMS Alerts Email Notifications/Eblasts

First Name: _____ Last Name: _____

Cell #: _____ Other Contact #: _____

Email: _____

Check if you do NOT wish to receive: Emergency SMS Alerts Email Notifications/Eblasts

Residents:

List any additional residents of your unit, including children.

First Name: _____ Last Name: _____

Cell #: _____ Relationship: _____

Email: _____

Check if you do NOT wish to receive: Emergency SMS Alerts Email Notifications/Eblasts

First Name: _____ Last Name: _____

Cell #: _____ Relationship: _____

Email: _____

Check if you do NOT wish to receive: Emergency SMS Alerts Email Notifications/Eblasts

First Name: _____ Last Name: _____

Cell #: _____ Relationship: _____

Email: _____

Check if you do NOT wish to receive: Emergency SMS Alerts Email Notifications/Eblasts

First Name: _____ Last Name: _____

Cell #: _____ Relationship: _____

Email: _____

Check if you do NOT wish to receive: Emergency SMS Alerts Email Notifications/Eblasts

Additional Information:

Primary Contact: _____ Phone #: _____

Intercom Phone #: _____

Emergency Evacuation: A resident of this unit requires evacuation assistance.
Provide more details below. Be sure to include resident's name. Assistance is not required.

By signing this registration, I acknowledge on behalf of all occupants in the unit that we must adhere to Keola La'i building documents and we have a copy of the House Rules & Regulations. In addition, we acknowledge it our responsibility to adhere to all Keola La'i building policies and any updated version(s). Moreover, it is our responsibility to update the Management Office immediately of any changes within the registration.

Name: _____ Signature: _____ Date: _____



Pet / Animal Registration

Unit #: _____

Animal Info:

Name: _____ Age: _____

Breed: _____ Weight: _____

Name: _____ Age: _____

Breed: _____ Weight: _____

A photo must be submitted with this registration.

Resident Name: _____

Signature: _____

Date: _____



Vehicle Registration

Unit #: _____

Assigned Parking Stalls:

--	--	--

Rented Parking Stalls:

--	--	--

Vehicles:

Make: _____	Model: _____
Color: _____	License Plate: _____

Make: _____	Model: _____
Color: _____	License Plate: _____

Make: _____	Model: _____
Color: _____	License Plate: _____

Make: _____	Model: _____
Color: _____	License Plate: _____

Resident Name: _____

Signature: _____

Date: _____



Property Registration

Unit #: _____

Lockbox:

Registration #: _____

To be assigned by Management.

Description: _____

Bicycle(s):

Decal #: _____ Stall#: _____

To be assigned by Management.

Description: _____

Decal #: _____ Stall#: _____

To be assigned by Management.

Description: _____

Decal #: _____ Stall#: _____

To be assigned by Management.

Description: _____

Attach a photo of all registered bicycles.

Surfboard(s):

Stall #: _____
Description: _____

Stall #: _____
Description: _____

Stall #: _____
Description: _____

Stall #: _____
Description: _____

Attach a photo of all registered surfboards.



By signing this registration, I acknowledge that property is stored at my own risk, and that the Association is not liable in any way for any theft or damage of any items stored in the common areas.

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

Name: _____ Signature: _____ Date: _____



Authorized Agent Registration

Unit #: _____

Keola Lai building docs require that any owner who is away from their unit for 30 days or more appoint a local representative to act on their behalf when necessary. This may be a trusted friend, family member, neighbor, or hired agent.

Agent Information:

Name: _____ Company: _____

Cell #: _____ Office #: _____

Email: _____

Managing Agent Local Representative Listing Agent

For this authorization to be valid, both the home owner AND the authorized agent must sign this form OR a copy of the management contract should be attached.

Attach a copy of the agent's business card, if applicable.

Home Owner Authorization:

I hereby authorize and appoint the agent listed above to be my agent on my behalf.

I understand that any violation(s) of building rules and regulations committed by the authorized agent may result in fines assessed to my unit.

Comments: _____

Home Owner Printed Name: _____

Signature: _____ Date: _____

Agent Authorization:

I hereby verify the above information to be correct and consent to be the authorized agent.

I understand that any advertisement or rental for less than 30 days is in violation of the Keola La'i rules and will not willingly facilitate such.

I understand that Keola La'i has a specific Real Estate Policy which I must adhere.

Comments: _____

Agent Printed Name: _____

Signature: _____ Date: _____