

Maui
SKYRISE

Date:	Unit:		
OWNER/TENANT (If Tenant, a copy of the lease agreement must be submitted)			
Name:	Phone:	Email:	
Name:	Phone:	Email:	
Name:	Phone:	Email:	
VEHICLE INFO (Include bicycles and mopeds)			
Make/Model:	License:	Color:	Decal #:
Make/Model:	License:	Color:	Decal #:
Make/Model:	License:	Color:	Decal #:
EMERGENCY CONTACT INFO			
Name:	Relation:	Phone:	
Name:	Relation:	Phone:	
Doctor:	Hospital:	Phone:	
Clergy:	Church:	Phone:	
TENANTS MUST COMPLETE THE FOLLOWING			
Managing Agent:	Company:	Phone:	
RESIDENTS ARE REQUIRED TO COMPLETE THE FOLLOWING			
House Rules Received On:		Managing Agent to Provide: YES NO	
Signed: _____		Date:	
TO BE COMPLETED BY MANAGEMENT			
Received On:		By:	