Association of Owners of Kukui Plaza

Commercial Registration Form

DATE:_____

UNIT NUMBER:

_____

SECTION A. OWNER INFORMATION

NAME: _____ PHONE #:_____

ADDRESS: _____ CITY:_____ STATE:_____ ZIP: _____

SECTION B. AGENT INFORMATION

COMPANY:_____ PHONE #:_____

AGENT:_____ FAX #:_____

ADDRESS: _____ CITY:_____ STATE:_____ ZIP: _____

SECTION C. TENANT/LESSEE INFORMATION

COMPANY NAME: _____ PHONE #:_____

EMERGENCY CONTACT: _____ PHONE #:_____

BUSINESS DAYS & HOURS: _____

PARKING STALL NUMBER(S): _____

SECTION D. AUTHORIZED PERSONNEL

PRINT NAMES OF ALL STAFF MEMBERS WHO HAVE AUTHORIZED ACCESS TO THE COMMERCIAL UNIT SPACE. PLEASE UPDATE INFORMATION AS CHANGES OCCUR.

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