



MAKAHA SURFSIDE

Residency Authorization Form

Before moving in, this Completed form with authorized signature must be on file with the office and a copy shown to the Security Guard at the Front Entrance.

Unit Number: _____ **Expected Move in Date:** _____
Departure Date: _____

Check Box as applicable: **Guest** **Resident**

Guest/Resident(s) Names		
First Name:	Last Name:	Contact Number:
1)		
2)		
3)		
4)		
5)		
6)		

In Case of Emergency, Contact:		
First Name:	Last Name:	Contact Number:
1)		
2)		

Acknowledgement of Receipt of House Rules:	
Resident(s) Signatures:	Date:
1)	
2)	

Owner or Rental Agent Information:		
First Name:	Last Name:	Contact Number:
1)		
2)		

*****For Office Use Only*****

Approved By:	Date:
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Resident Vehicle Information:			
Lics #	Make/Year	Decal #	Stall #

Note: If more than one vehicle, additional stalls will need to be rented

Makaha Surfside Association of Apartment Owners
c/o the Makaha Surfside
85-175 Farrington Highway
Waianae, Hawaii 96792

Office: 808-696-6991(Tel) 808-696-7871 (Fax)
Security: 808-696-6990 (Tel) 808-696-6966 (Fax)