



**Owner Information Form**

It is required by the By-Laws and the Board of Directors that all pertinent information be provided and maintained on file for administrative purposes. Please mail or fax the completed form to the Makaha Surfside Office. Please notify the office of any changes. The last four digits of the SSN are for identify purposes only. Thank you.

**Unit Number:** \_\_\_\_\_ **Owner Phone No. (home):** \_\_\_\_\_  
**Owner Phone No. (cell or work):** \_\_\_\_\_

<b>Owner First Name:</b>	<b>Owner Last Name:</b>	<b>Last 4 digits of SSN#:</b>
1)		
2)		
3)		
4)		

**Mailing Address:**

<b>Street</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	

**In Case of Emergency, Contact:**

<b>First Name:</b>	<b>Last Name:</b>	<b>Contact Number(s):</b>
1)		
2)		

**Local Contact Authorized to Handle Unit:**

<b>Name/Company</b>	
<b>Street</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Phone No.</b>	

**Owner(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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Security: 808-696-6990 (Tel) 808-696-6966 (Fax)