

APPLICATION FOR VEHICLE DECALS

Vehicle Additions & Deletions

Office Use

--	--	--

Property
Owner
Name(s)

FIRST	LAST	HOME PHONE

Lot Address

NUMBER-STREET	CITY	STATE	ZIP
	Honolulu	HI	96821

Mail Address

HOW DO YOU WANT YOUR MAIL ADDRESSED? (MR., MRS., DR., ETC.)		CONTACT PHONE	FAX NO.
NUMBER-STREET	CITY	STATE	ZIP

Emergency Information:

OWNERS' 1ST NAME	COMPANY NAME	STREET ADDRESS	CITY	ZIP	PHONE	POSITION

Names of other
family members
living with pro-
perty owner(s)

FIRST NAME	LAST NAME	RELATIONSHIP	DRIVER?
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO

If your house (or portion thereof) is rented, please complete below:

RENTER NAME(S)	RENTER RES PHONE	RENTER BUS PHONE

Vehicle Changes

Add

YEAR	MAKE	MODEL	COLOR	LICENSE NO.	OFFICE USE

Vehicles must be driven exclusively by property owners, or by family members residing with owners in Waialae Iki 5.

Delete

YEAR	MAKE	MODEL	COLOR	LICENSE NO.	OFFICE USE

Security Reminder: Did you remove your old decal before transferring your vehicle?

The undersigned understands and agrees that the decals are restricted for use on vehicles driven exclusively by property owners or by resident family members living with property owners in Waialae Iki 5, and is not to be used by others, including but not limited to, renters, house sitters, long-term guests, and employees. The undersigned further agrees to show vehicle registration documents if deemed necessary by the Association.

Property Owner's Signature _____ Date _____

Please fill form out completely and turn it in to the Guard Station, or mail to: Waialae Iki 5, 1959 Laukahi St., Honolulu, HI 96821

rev 7/12/02