Association of Apartment Owners
75-6060 Kuakini Highway
Kailua-Kona, HI 96740
Tel: (808) 443-7436 FAX: (808) 331-1082
Email: manager@konaseavillas.com

INCIDENT REPORT

Reporting Party Name:	Unit #
Incident Date: Time: AM PM	Phone:
Location of Incident:	
Other Witnesses:	If Auto Involved, Make/Model/Color:
Description of person(s):	If Auto Involved, License Plate: State #

Please give a detailed description of the incident you are reporting below:

Please email or FAX completed form to the KSV Site Manager

ASSOCIATION USE ONLY

Date Received_____ Time Received_____ Logged by_____

Date Action Taken_____ Date Closed_____ Resolution_____

3/2011