



Association of Apartment Owners
 75-6060 Kuakini Highway
 Kailua-Kona, HI 96740
 Tel : (808) 331-1082 FAX: (808) 331-0975
 E-mail: konaseavillas@yahoo.com

ACCESS REQUEST - Owner

This form should be used by Owners to request pool keys and entry gate openers. Please be complete.

Owner Name:	Unit No:
E-Mail Address:	Date Submitted:
Owner Permanent Address:	Telephone No:
	Alternate Telephone No:
Delivery Address for Items (If different from above):	Delivery Address is for Owner, or for:
	<input type="checkbox"/> Tenant <input type="checkbox"/> Property Manager <input type="checkbox"/> Guest <input type="checkbox"/> Other: _____
<p>Please attach Supplement Form if any box to the right is checked. Owner will be responsible to pay for all shipping charges after the original distribution of keys and openers.</p>	
<input type="checkbox"/> I ACKNOWLEDGE THAT I / WE HAVE RECEIVED: _____ Pool Key(s) _____ Gate/Garage Door Opener(s) _____ Gate Keychain Opener(s)	
<p><small>NOTE: There are no Replacement or Deposit charges for the initial delivery of the standard allocation of pool keys and access devices to Original Owners of record. Subsequent Owners should obtain these items from the Original Owner as part of the Sales transaction.</small></p>	
<input type="checkbox"/> I WOULD LIKE TO REQUEST ADDITIONAL: _____ Pool Key(s) Replacement / Deposit Charge: \$ 75.00 (plus shipping, if any) _____ Gate/Garage Door Opener(s) Replacement / Deposit Charge: \$ 100.00 (plus shipping, if any) _____ Gate Keychain Opener(s) Replacement / Deposit Charge: \$ 75.00 (plus shipping, if any)	
<p><small>Should additional keys/devices be required above the standard allocation Owner will be required to pay a refundable, non-interest bearing deposit to the Association. The Association reserves the right to limit the total number of additional keys or access devices each Owner is allowed.</small></p>	
Owner(s) Signature:	Date:
Owner(s) Signature:	Date:

Please mail or FAX completed form and Supplement (if any) to KSV Property Manager

Association Use Only		Delivery
Date Delivered: _____	Completed By: _____	Tracking No: _____
		USPS FedEx UPS Other
Gate Device Nos: _____	Pool Key Numbers: _____	AR- _____



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ACCESS REQUEST – Supplement for Third Parties

Owner acknowledges that by signing and submitting this form, the Association will provide Owner's pool keys and/or gate openers to the third parties specified below. Owners are responsible to ensure that only their authorized tenants, property managers, guests or others are permitted to have access to the property. Owners should adopt clauses in their leases and/or property management contracts stating that the appropriate third-party is responsible for the replacement and/or associated fees in the event these devices should be damaged, lost or stolen. Owners must also ensure that their tenants and/or other third parties understand and abide by all Association rules concerning the use and enjoyment of the property. **ONLY OWNERS MAY MAKE REQUESTS FOR POOL KEYS AND GATE OPENERS.**

Owner Name:		Unit No:	
This Supplement is for:		Owner Release Signature:	
<input type="checkbox"/> Tenant <input type="checkbox"/> Property Manager <input type="checkbox"/> Guest <input type="checkbox"/> Other: _____		Date Signed:	
TENANT INFORMATION: <input type="checkbox"/> Tenant(s) is/are registered with the Association			
Tenant Name(s) on Lease:		Telephone No:	
PROPERTY MANAGER INFORMATION: <input type="checkbox"/> Property Manager is registered with the Association			
Contact Name:		Telephone No:	
GUEST INFORMATION: <input type="checkbox"/> Guest(s) is/are registered with the Association			
Guest Name(s) (1) _____ (2) _____		Telephone No:	
Guest Name(s) (3) _____ (4) _____		Date Access Starts	Date Access Ends
OTHER VISITOR: Name and Company: _____		Telephone No:	
Address: _____		Date Access Starts:	Date Access Ends
Vehicle: Year, Make, Model, Color, License: _____		Identification: _____	
I ACKNOWLEDGE THAT I / WE HAVE RECEIVED: _____ Pool Key(s) _____ Gate/Garage Door Opener(s) _____ Gate Keychain Opener(s)			
Third-Party's Printed Name:		Third-Party's Signature:	
		Date:	

Association Use Only	
Completed By: _____	Date: _____ AS- _____ Use Same Number as AR