



Association of Apartment Owners
75-6060 Kuakini Highway
Kailua Kona HI 96740
Tel: (808) 443-7436 Fax: (808) 331-1082
E-mail: konaseavillas@yahoo.com

Unit# _____ Date _____

Name: _____ Owner Tenants Guest

Telephone Numbers:

Home: _____ Work: _____ Cell: _____

Email Address: _____

In case of emergency notify _____ Phone: _____

*NOTE: In an emergency, residents should call 911 or contact the appropriate governmental agency (i.e. Police, Fire, etc) Kona Sea Villas Association should be advised as soon as possible of any emergency, however, the Association is not responsible to act.

Name(s) of all resident(s) in the unit (including children):

VEHICLES:

Year & Make: _____ Model: _____

License No: _____ Color: _____

Year & Make: _____ Model: _____

License No: _____ Color: _____

ON ISLAND AGENT:

Telephone: _____ Agent: _____

Real Estate Company: _____

*Date Lease Starts _____ Date Lease Ends _____

I understand that ALL persons who occupy or visit the premises must comply with Kona Sea Villas Project Rules. I have read and will comply with the Project rules of Kona Sea Villas AOA. A copy may be obtained from the Site Manager.

(Signature)