



Canterbury Place

1910 ALA MOANA BOULEVARD
HONOLULU, HI 96815
Telephone: 808.947.7221 Fax: 808.941.1400
E-mail: office@canterburyplace.net

APARTMENT OWNER / GUEST / RENTER INFORMATION

We would like to welcome you to CANTERBURY PLACE. This form is extremely important as it allows the staff to know who to contact in case of an emergency and to give assistance and information as needed. Our House Rules require every owner, renter, and guest register with the manager's office. **A FORM MUST BE FILLED OUT FOR EACH VISIT.** Please advise the manager's office of any change in your length of stay. House Rules will be issued if you do not already have a copy. **Please return your form to the office as soon as possible.** If you have an automobile, you must register it and receive the proper identification to use the parking facilities.

GENERAL INFORMATION

UNIT # _____ TERM OF LEASE: STARTING DATE FROM _____^{MONTH} _____^{DAY}, 20__ TO _____^{MONTH} _____^{DAY}, 20__

NAME _____ / SPOUSE _____

OTHERS AUTHORIZED TO USE UNIT (LIST ALL FAMILY OR GUEST MEMBERS STAYING WITH YOU) :

UNIT TELEPHONE#: _____ CELLULAR PHONE#: _____ ; _____

WORK PHONE: _____ E-MAIL ADDRESS: _____ ; _____

ARE YOU? OWNER _____ GUEST OF OWNER _____ RENTER _____

FOB KEY: HOW MANY? _____ / EACH FOB KEY # (indicate last 7 digits#) _____

VEHICLE INFORMATION

(ALL UNITS MUST REGISTER VEHICLE WITH OFFICE AND OBTAIN PROPER VEHICLE IDENTIFICATION TAG)

PARKING STALL# _____ CANTERBURY PLACE TAG # (1) _____
(1) (2) (FOR OFFICE USE) (2) _____

AUTO MAKE (1) _____ MODEL _____ YEAR _____ COLOR _____ LICENSE _____
(2) _____

MOTORCYCLE _____
(or BICYCLE) _____

GUEST AND RENTERS FILL OUT COMPLETELY

MAILING ADDRESS: _____

CONTACT IN CASE OF MEDICAL EMERGENCY (REQUIRED): Name: _____
PHONE#: _____ RELATIONSHIP _____

RENTAL AGENT'S NAME _____ PHONE# _____ Copy of Lease [Y / N]

DO YOU HAVE A PET? Yes ___ No ___ DESCRIPTION OF PET _____

CANTERBURY PLACE STAFF HAS AUTHORITY TO ENTER THE UNIT FOR EMERGENCIES AND AIR CONDITIONER DRIP PAN CHECK. THE FOLLOWING SERVICES IS OPTIONAL: (Please check YES or No)

NON-TOXIC PEST CONTROL SERVICE: Yes ___ / No ___ AIR CONDITIONING FILTER CHANGE: Yes ___ / No ___

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED AND WILL ABIDE BY THE HOUSE RULES.
(DO YOU HAVE A COPY OF THE HOUSE? YES ___ NO ___)

SIGNATURE _____ DATE _____