

HOMEOWNERS REGISTRATION FORM

APARTMENT NUMBER:		PARKING STAI	PARKING STALL NUMBER(S):		LOCKERS:	
TENANCY: Owner	Occupied / Rental L	Jnit MOTORCYCLE	/ BICYCLE(S):		PETS:	
RESIDENT(S) / REI	NTER(S):					
	Childre	en:	Hor	me Phone:		
Full Name:			Mo	bile Phone:		
Full Name:			Mo	bile Phone:		
Relationship to Resi	dent:		Wo	rk Phone:		
HOMEOWNER(S):						
Full Name:			Mo	bile Phone:		
				rk Phone:		
Full Name:			Мо	bile Phone:		
Emergency Contact Relationship: Emergency Contact	:	If Yes, Describe Disa Address: Address:	Mob	ile Phone:		
		VEHIC				
YEAR	MAKE	MODEL	COLOR	LICENSE	DECAL	
PROPERTY MANA	GER / AGENT:					
			N	Iohile Phone		
I / We hereby acknowl House Rules. I / We un cases of emergency, the immediate right of entr It is an Owners responsible copy of the policy me to submit a signed con	edges that I / We have nderstand that a violation he General Manager, Mary into a unit, regardless consibility and requirent ust be submitted annuopy of the lease or rer	received and read a copy of on of the House Rules and lanaging Agent, or any others if the Owner or Tenant is penent to maintain an HO-6 ually to the General Manantal agreement associated	of the Century Center I / or By Laws can resule er person authorized b present at the time or r insurance coverage ger. Residents, Own d with their units less	House Rules and agret in citation fines. I / Vector of the Board of Director of the Board of Director of the Board of Director of the Board Managements of the Front Design of the Board Managements	ee to comply with the We understand that in ors is granted effective \$50,000 per claim. A ont Agents are required k to be kept on file.	
Print:		Signatu	re:		Date:	



BUSINESS REGISTRATION FORM

UNIT NUMBER: _		PARKING STAI	LL NUMBER(S): _			
TENANCY: Owner	Occupied / Rental L	Jnit MOTORCYCLE	: / BICYCLE:	LOCK	ERS:	
BUSINESS / EMPL	OYEES:					
Business Name:			Bu	siness Phone:		
Business Owner(s):				Number of Employees:		
LIST ALL EMPLOY	EES:					
Full Name:			Mc	bile Phone:		
				me Phone:		
Full Name:			Mc	Mobile Phone:		
Email:			Ho	Home Phone:		
Full Name			Mc	bile Phone:		
				me Phone:		
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Full Name:			Mc	Mobile Phone:		
				me Phone:		
Emergency Contact Relationship: Emergency Contact	:	o If Yes, Describe Dis Address: Address:	Mol	oile Phone:		
		VEHIC	LES			
YEAR	MAKE	MODEL	COLOR	LICENSE	DECAL	
PROPERTY MANA						
Name / Company: _			N	Mobile Phone:		
Company Address:				Work Phone:		
House Rules. I / We u cases of emergency, t immediate right of entities an Owners responsible to submit a signed control of the policy materials.	nderstand that a violation the General Manager,	received and read a copy on of the House Rules and Managing Agent, or any oth is if the Owner or Tenant is ment to maintain an HO-6 ually to the General Manantal agreement associateSignatu	/ or By Laws can resuler person authorized by present at the time or insurance coverage ager. Residents, Owr d with their units les	olt in citation fines. I / Woy the Board of Directonot. up to a minimum of ners, and Managements of the Front Desi	/e understand that in rs is granted effective \$50,000 per claim. A nt Agents are required to be kept on file.	
Drint		Olan of			Doto	
Print:		Signatu	re:		_ Date:	

PET REGISTRATION FORM				
JNIT NUMBER: PET	OWNER NAME:			
TENANCY: Owner Occupied / Rental Unit NUI	MBER OF PETS:			
PET INFORMATION: Type of Pet:	· · · · · · · · · · · · · · · · · · ·			
Pet Breed:	Gender: Male / Female			
Honolulu City & County License #:	Trained Assistance Animal: Yes / No			
Name of Pet:	Coat Color:			
Гуре of Pet:				
Pet Breed:	Gender: Male / Female			
Honolulu City & County License #:	Trained Assistance Animal: Yes / No			
Name of Pet:	Coat Color:			
·	tration. The animal must be licensed with the City & County of Honolulu four months or older, have and wear a county-issued license tag at all			
Documentation of vaccination must be provided and documentation must be submitted to the Genera	with registration. All pets are required to be vaccinated by a veternarial I Manager.			
PET RULES:	ŭ			

- The animal pet owner is responsible for the pet at all times. The owner assumes all responsibility for any house rule violations and damages caused by the pet.
- The animal pet must be under the control of the pet's owner by use of a secure harness, leash, tether, cage, or carrier, and also under the control of the pet owner at all times in the common and limited common areas.
- The animal pet owner must clean up and securely dispose of in sealed plastic bags any animal waste made on the premises immediately. Apartment units must be kept in safe sanitary conditions as to not cause foul odors and/or pest infestations that can affect neighboring units.
- The animal pet must meet minimum sanitary standards. The pet is prohibited where an animal may pose health and/or safety hazards such as but not limited to the fitness rooms, jacuzzi, sauna and pool areas.
- The animal pet owner must observe all applicable House Rules and laws, including but not limited to noise disturbances, leash laws and pick-up laws.
- I / We hereby acknowledges that I / We have received and read a copy of the Century Center House Rules and agree to comply with the House Rules. I / We understand that a violation of the House Rules and/or By Laws can result in citation fines and/or

Print: _	Signature:	Date:			
•	 It is an Owners responsibility to maintain liability insurance coverage up to a minimum of \$300,000 per claim, naming the Association as an additional insured. 				
	removal of pet from the premises.				

RESIDENT REGISTRATION FORM

APARTMENT NUMBER: _____ PARKING STALL NUMBER(S): _____ LOCKERS: ____

TENANO	Y: Owner	Occupied / Renta	I Unit MOTORCYCLE	BICYCLE(S): _		PETS:
	NT(S) / REN					
Number	of Adults:	Chil	dren:	H	lome Phone:	
					Nobile Phone:	
Email:				V	Vork Phone:	
Employe	r:		Employer Address:			
Full Nam	e:			N	Nobile Phone:	
					Vork Phone:	
Employe	r:		Employer Address:			
Full Nam	e.			N	Nobile Phone:	
					Vork Phone:	
Employe	r:		Employer Address:			
IN 0405	OF FMED	OFNOV				
	OF EMER		Na If Van Dagerika Digal	a:11:4		
			No If Yes, Describe Disal			
			Addroo:			
Relations	silip		Address:			
Emorgon	ov Contact:			N /	obile Dhone:	
			Address:			
Relations	onip		VEHICL			
	YEAR	MAKE	MODEL	COLOR	LICENSE	DECAL
	ILAK	WAILE	WODEL	OOLOR	LIOLITOL	BLOAL
PPOPE	TV MANA	GER / AGENT:				
		SER/AGENT.			Mobile Phone:	
Name / Company:				Mobile Phone: Work Phone:		
Company Address:				Work Phone:		
I / We her	ebv acknowle	edges that I / We ha	ve received and read a copy of	f the Century Cente	er House Rules and agre	ee to comply with the
	-	_	ation of the House Rules and /	-	_	
			, Managing Agent, or any other	•		
		•		•		no io granica chective
		-	ess if the Owner or Tenant is p			Φ50 000 ······ A
		•	rement to maintain an HO-6 i	_	-	-
			inually to the General Manag rental agreement associated		_	-
to subiill	. u signeu CC	Py Of the lease Of	ioniai agreement associateu	with their units it	.55ce to the Florit Des	n to be rept on me.
Print:			Signature	e:		_ Date:
Print:			Signatur	a •		Date: