



HOMEOWNERS REGISTRATION FORM

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

TENANCY: Owner Occupied / Rental Unit **MOTORCYCLE / BICYCLE(S):** _____ **PETS:** _____

RESIDENT(S) / RENTER(S):

Number of Adults: _____ Children: _____ Home Phone: _____
 Full Name: _____ Mobile Phone: _____
 Email: _____ Work Phone: _____

Full Name: _____ Mobile Phone: _____
 Relationship to Resident: _____ Work Phone: _____
 Email: _____

HOMEOWNER(S):

Full Name: _____ Mobile Phone: _____
 Email: _____ Work Phone: _____

Full Name: _____ Mobile Phone: _____
 Email: _____ Work Phone: _____

IN CASE OF EMERGENCY:

Special Assistance Needed: **Yes / No** If Yes, Describe Disability: _____
 Emergency Contact: _____ Mobile Phone: _____
 Relationship: _____ Address: _____

Emergency Contact: _____ Mobile Phone: _____
 Relationship: _____ Address: _____

VEHICLES

YEAR	MAKE	MODEL	COLOR	LICENSE	DECAL

PROPERTY MANAGER / AGENT:

Name / Company: _____ Mobile Phone: _____
 Company Address: _____ Work Phone: _____

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. I / We understand that in cases of emergency, the General Manager, Managing Agent, or any other person authorized by the Board of Directors is granted effective immediate right of entry into a unit, regardless if the Owner or Tenant is present at the time or not.

It is an Owners responsibility and requirement to maintain an HO-6 insurance coverage up to a minimum of \$50,000 per claim. A copy of the policy must be submitted annually to the General Manager. Residents, Owners, and Management Agents are required to submit a signed copy of the lease or rental agreement associated with their units lessee to the Front Desk to be kept on file.

Print: _____ **Signature:** _____ **Date:** _____

Print: _____ **Signature:** _____ **Date:** _____



CENTURY CENTER CONDOMINIUM
 1750 KALAKAUA AVENUE – HONOLULU , HAWAII – 96826 – 808.941.9655

BUSINESS REGISTRATION FORM

UNIT NUMBER: _____ **PARKING STALL NUMBER(S):** _____

TENANCY: Owner Occupied / Rental Unit **MOTORCYCLE / BICYCLE:** _____ **LOCKERS:** _____

BUSINESS / EMPLOYEES:

Business Name: _____ Business Phone: _____
 Business Owner(s): _____ Number of Employees: _____

LIST ALL EMPLOYEES:

Full Name: _____ Mobile Phone: _____
 Email: _____ Home Phone: _____

Full Name: _____ Mobile Phone: _____
 Email: _____ Home Phone: _____

Full Name: _____ Mobile Phone: _____
 Email: _____ Home Phone: _____

Full Name: _____ Mobile Phone: _____
 Email: _____ Home Phone: _____

IN CASE OF EMERGENCY:

Special Assistance Needed: **Yes / No** If Yes, Describe Disability: _____
 Emergency Contact: _____ Mobile Phone: _____
 Relationship: _____ Address: _____

Emergency Contact: _____ Mobile Phone: _____
 Relationship: _____ Address: _____

VEHICLES

YEAR	MAKE	MODEL	COLOR	LICENSE	DECAL

PROPERTY MANAGER / AGENT:

Name / Company: _____ Mobile Phone: _____
 Company Address: _____ Work Phone: _____

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It is an Owners responsibility and requirement to maintain an HO-6 insurance coverage up to a minimum of \$50,000 per claim. A copy of the policy must be submitted annually to the General Manager. Residents, Owners, and Management Agents are required to submit a signed copy of the lease or rental agreement associated with their units lessee to the Front Desk to be kept on file.

Print: _____ **Signature:** _____ **Date:** _____

Print: _____ **Signature:** _____ **Date:** _____



PET REGISTRATION FORM

UNIT NUMBER: _____ **PET OWNER NAME:** _____

TENANCY: Owner Occupied / Rental Unit **NUMBER 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: _____

Type of Pet: _____

Pet Breed: _____ Gender: **Male / Female**

Honolulu City & County License #: _____ Trained Assistance Animal: **Yes / No**

Name of Pet: _____ Coat Color: _____

REQUIRED DOCUMENTS:

License information must be provided with registration. The animal must be licensed with the City & County of Honolulu. City & County law requires that the assistant animal, four months or older, have and wear a county-issued license tag at all times. The tag identifies you as the legal owner.

Documentation of vaccination must be provided with registration. All pets are required to be vaccinated by a veterinarian and documentation must be submitted to the General Manager.

PET RULES:

- 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 removal of pet from the premises.
- 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.

Print: _____ **Signature:** _____ **Date:** _____



RESIDENT REGISTRATION FORM

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

TENANCY: Owner Occupied / Rental Unit **MOTORCYCLE / BICYCLE(S):** _____ **PETS:** _____

RESIDENT(S) / RENTER(S):

Number of Adults: _____ Children: _____ Home Phone: _____

Full Name: _____ Mobile Phone: _____

Email: _____ Work Phone: _____

Employer: _____ Employer Address: _____

Full Name: _____ Mobile Phone: _____

Relationship to Resident: _____ Work Phone: _____

Email: _____

Employer: _____ Employer Address: _____

Full Name: _____ Mobile Phone: _____

Relationship to Resident: _____ Work Phone: _____

Email: _____

Employer: _____ Employer Address: _____

IN CASE OF EMERGENCY:

Special Assistance Needed: Yes / No If Yes, Describe Disability: _____

Emergency Contact: _____ Mobile Phone: _____

Relationship: _____ Address: _____

Emergency Contact: _____ Mobile Phone: _____

Relationship: _____ Address: _____

VEHICLES

YEAR	MAKE	MODEL	COLOR	LICENSE	DECAL

PROPERTY MANAGER / AGENT:

Name / Company: _____ Mobile Phone: _____

Company Address: _____ Work Phone: _____

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