Date:		fax back to: (808) 528-440
I, the Owner / Agent / Re	esident of Unit#	, hereby authorize
Security of Kukui Plaza to is	ssue the key to my a	apartment to:
	Or	n/ 20
for the purpose of		.
It is understood that the M	anagement and the	e Association of Owners wi
not be liable for any loss or	damage suffered to	o the unit by the issuance o
this key.		
Signed:		
Print	Signature	
	For Security use on	
\$2.00 fee received by:		
Registered: yes / no chec	cked by:	
Key issued:	Date:	Time:
Key returned:	Date:	Time:
Key placed in cabinet by: _		