DATE:	DECICTEDED DECIDENT				
UNIT NUMBER:		UNIT LOCATION: RESIDENT STATE			
	DIAMOND HEAD EWA OWNER TENANT (PLEASE CIRCLE ONE) (PLEASE CIRCLE ONE)				
SECTION B. V	ISITOR(S) INFORMATION				
				FIDOT	
NAME	GENDER (M/F)	AGE (IF UNDER 18)	HANDICAP (IF ANY)	FIRST LANGUAGE	
		ENOTE OF OTAY			
	FROM:	ENGTH OF STAY			
	T NOW.				
SECTION C. E	MERGENCY CONTACT				
PLEASE	PROVIDE A NAME OF A PERSON	I WE CAN CONTACT IN	THE EVENT OF AN EMER	RGENCY	
NAME		HOME PHO	NE	WORK PHONE	
SECTION D. A	UTHORIZATION				
			TO AUTHORIZE THIS DE	CICTRATION	
	NT IS A TENANT, THE LANDLORD				
	ZA TO ALLOW THE ABOVE NAM THE NAMED PERSON(S) WITH A LEIR CONDUCT.				
OWNER'S/AGENT'S SIGNATURE:			DATE:		
OBTAINED FROM THE	S VEHICLE IS PARKED IN THE G E MANAGEMENT OFFICE. IF A RE OF INSURANCE, MUST BE FILED A	NTAL VEHICLE IS TO BE	REGISTERED, A COPY (OF A RENTAL AGREE-	
	RNED IN TO THE MANAGEMENT (Y VISITOR(S) WILL BE REGISTER		ZED BY A MEMBER OF TI	HE MANAGEMENT ST	
			5		