

# islandcolonypartners

445 Seaside Avenue, Mezzanine Floor, Honolulu, HI 96815  
Office: 921-7110 / Fax: 808-922-3809

## Owner Registration Form

Please print clearly in black or blue ink.

### REQUIRED DOCUMENTS FROM OWNER:

- |  |   |
|--|---|
| <input type="checkbox"/> <i>Certificate of Insurance</i> | <input type="checkbox"/> <i>Tax Clearance Form</i>                      |
| <input type="checkbox"/> <i>Copy of GET/TAT License</i>  | <input type="checkbox"/> <i>Verification of Real Property Tax Class</i> |
| <input type="checkbox"/> <i>License Agreement</i>        | <input type="checkbox"/> <i>Room Inspection Approval</i>                |
| <input type="checkbox"/> <i>License Fee Payment</i>      |   |

OWNER			
<b>NAME</b> <small>(Last, First MI)</small>		<b>SSN or FED ID</b>	
<b>UNIT</b>		<b>UNIT TYPE</b> <small>(lodging, studio, 1BR)</small>	
<b>MAILING ADDRESS</b> <small>(street, city, state, zip code)</small>			
<b>HOME PHONE</b>		<b>MOBILE PHONE</b>	
<b>FAX</b>		<b>EMAIL</b>	

AGENT			
<b>COMPANY</b>			
<b>NAME</b>			
<b>OFFICE PHONE</b>		<b>MOBILE PHONE</b>	
<b>FAX</b>		<b>EMAIL</b>	