

THE VILLAS AT KEHALANI AOOU

EMAIL MONTHLY STATEMENTS

As the owner(s) of **Unit #** _____ at The Villas at Kehalani AOOU we would like our monthly statements emailed to us:

EMAIL ADDRESS: _____

Owner Name: _____
(print name)

Contact#: _____

Signature: _____

Date: _____

Return completed form to:

JS Property Management, Inc.
1962 B Wells Street
Wailuku, HI 96793

FAX: (808) 249-0894

EMAIL: jkramer@js.management

THE VILLAS AT KEHALANI AOUE

TENANT REGISTRATION FORM

Unit # _____ Date: _____

Names: _____

of Adults: _____ # of Children: _____ Pets: _____

Home Phone: _____ Cell: _____

Emergency Phone: _____

1. Auto make: _____ License Plate #: _____

2. Auto make: _____ License Plate #: _____

Children names and ages: _____

Names and local contact phone numbers for your unit (Mon- Fri 9AM – 5PM)

Rental Agent's Name: _____

Office #: _____ FAX #: _____

Emergency Contact: _____

Emergency Contact Phone #: _____

Return completed form to:

JS PROPERTY MANAGEMENT, INC
FAX: (808) 249-0894
EMAIL: jkramer@js.management
MAIL: 1962 B Wells Street, Wailuku, HI 96793

JS Property Management, Inc.

OWNER'S INFORMATION SHEET

Owner Information:

Please print. Fill in all blanks completely.

Property: THE VILLAS AT KEHALANI AOOU

Unit/Lot #: _____

Owner's Name: _____ Home #: _____

Mailing Address: _____ Work #: _____

_____ Cell #: _____

Email Address: _____ Fax #: _____

Would you like a friendly monthly email reminder? Yes No

Emergency Contact Information/On-Island Agent:

Name: _____ Phone #: _____

Address: _____

Owner's Signature: _____ Date: _____

Please return completed form to:
JS Property Management, Inc.
1962 B Wells Street, Wailuku, Hawaii 96793
jkramer@js.management or jkramer@jsmaui.com
or Fax to (808) 249-0894

THE VILLAS AT KEHALANI AOUO

VEHICLE REGISTRATION FORM

Owner Name: _____ Unit Number: _____

Contact #: _____ Email: _____

Mailing Address: _____

Vehicle Information:

Car Make & Model: _____ Color: _____

Year: _____ License Plate #: _____

Car Make & Model: _____ Color: _____

Year: _____ License Plate #: _____

Owner Signature: _____ Date: _____

JS Property Management, Inc.

Automatic Withdrawal Form for Monthly Maintenance Fees (ACH)

Property: THE VILLAS AT KEHALANI AOOU

Owner Name: _____

Unit #: _____

The automatic payment system is set up with American Savings Bank.

To set up this payment plan, please send us a voided check. This allows the bank to obtain a routing number and information to set up the automatic payment plan.

Please note that the amount to be withdrawn will only be for the monthly maintenance fees. If there are other amounts owed, we will need written approval, separate from this form, to make the withdrawal.

We ask that you fill in the information requested and sign below. Once completed, please return to our office authorizing an automatic withdrawal from your account. Thank you.

I authorize the withdrawal of funds from my account for the monthly assessment fees.

Print Name

Unit #

Signature

Date

(Attach voided check)