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**ASSOCIATION OF APARTMENT OWNERS OF  
MAKAHA VALLEY TOWERS**  
**Authorization Form**  
**(For Rentals and Other Uses of Apartments)**

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This form must be submitted by apartment owners or rental agents before any tenant, guest or other occupant (other than the apartment owners) may occupy an apartment.

Makaha Valley Towers Apartment No. \_\_\_\_\_ (the “Apartment”)  
Occupants’ Names and Addresses (*print*) (the “Occupants”):

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Date of occupancy: \_\_\_\_\_ through \_\_\_\_\_

I authorize the Association to allow the Occupant(s) to enter the Makaha Valley Towers condominium project from \_\_\_\_\_ through \_\_\_\_\_.

Is the Apartment Owner providing or allowing use of the Apartment by the Occupant(s) for rent, or other **compensation**?

Yes  No

For purposes of this question, **compensation** includes, but is not limited to, monetary payment, services or labor of the Occupants.

Provide a contact telephone or mobile number for at least one occupant: \_\_\_\_\_

**DECLARATION AND VERIFICATION**

**I understand that the Association may provide a copy of this form and any other information or documentation related to the rental or use of the Apartment to the City and County of Honolulu, Department of Planning and Permitting (“DPP”) as the Association deems appropriate to assist DPP in the enforcement of the Land Use Ordinance related to transient vacation rentals. I further understand that the Association shall provide a copy of this form to DPP if subpoenaed by DPP.**

**I certify that I have verified the information provided above and that it is true and correct.**

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| <p>APARTMENT OWNER OR RENTAL AGENT</p><br><br><p style="text-align: center;">_____<br/>(signature)</p> <p>Print Name: _____</p> <p>Date: _____</p> <p>Name of Rental Agency: _____</p> | <p>Address: _____<br/>_____</p> <p>Phone Number: _____</p> <p>Email Address: _____</p> |
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