1165 Bethel Street, 2<sup>nd</sup> Floor ♦ Honolulu, Hawaii 96813 Mailing Address: P.O. Box 38078 ♦ Honolulu, Hawaii 96837-1078 Phone: (808) 539-9777 ♦ Fax: (808) 521-2714

## Address Change Request (Please Print Clearly)

## **OWNER INFORMATION:**

Property Name:		Unit No:	Account N	No:
Name(s) of Property Owner:				
Owner Mailing Address:				
City:	State:	Zip Code:	Country:	
Home: ()	Cell: ()-	<del></del>	Work: (	
Fax: () Em	nail:			
RENTAL AGENT/MANAGER:				
Company:	Name of Age	ent/Manager:		
Agent/Manager Mailing Address:				
City:	State:	Zip Code:		
Work: (	Cell: ()-	<u> </u>	Fax: (	_)
Email:				
RESIDENT/TENANT INFORMATION: (if app	icable)			
Name(s) of Tenants:				
Home: ()	Cell: ()-	<del>-</del>	Work: (	
Email(s):				
Number of Adults Occupying Unit: Ma	le: Fer	male:		
Name(s) & Age(s) of Children Occupying Un	it:			
Male:		Female:		
EMERGENCY CONTACT:				
Name(s):		Home/Cell/Work	k: ()	<del>-</del>
Name (Please Print):	Signature:		Date:	