

**HOMEOWNER AUTHORIZING
PROPERTY MGT. COMPANY/INDIVIDUAL**

_____ Account Number

Mililani Town Association
95-303 Kaloapau St.
Mililani, HI. 96789-1249

This is to inform you that _____ I/we owner(s) of the Mililani
_____ Legal Owner's Name(s)
property at _____, have **engaged / discontinued** the services of:
_____ Mililani Property Address (circle one)

Property Management/Individual's Name _____
Address _____ City _____ Zip _____
Bus. Ph. _____ Fax _____ Res. Ph. _____
Agent's Name (if Property Mgmt. Co.) _____

I (we) the owner(s) authorize the above named Property Management Company/Property Manager/Individual to handle the following on my (our) behalf (check all that apply):

- transfer of membership privileges to tenants residing at the above cited property. "Tenant" cards will be good for one (1) year from the date issued or term of rental lease, which ever is shorter. All issued "Tenant" cards must be returned to the association by the Property Management Company/Property Manager/Individual before new cards will be issued. Homeowners will be held financially liable for any property the Tenant(s) and/or the Tenant's guest, damage, misplace, abuse or renders unusable, except for normally anticipated wear and tear.
- receive all communication dealing with any matter concerning the M.T.A. Declaration of Covenants, Conditions and Restrictions, the M.T.A. Book of Resolutions, the Mililani Design Committee Rules, the Mililani Rules and any such other notices.
- receive all communication dealing with only _____
- receive all billings of maintenance assessments payable to the Mililani Town Association including special assessments, late fees, penalties, costs and legal and collection expenses.

By authorizing the Property Management Company/Property Manager/Individual to receive notice in my (our) behalf, I acknowledge such notices as also having been duly received as the owners and member of the Mililani Town Association. Items not marked above will be sent to me (us) the owners at the following location:

Forwarding Address: _____
City _____ State _____ Zip _____
Bus. Ph. _____ Fax _____ Res. Ph. _____

I (we) authorize the above:

_____ Owner's Signature	_____ Date
_____ Owner's Signature	_____ Date