



## AUTHORIZATION TO ENTER UNIT

Unit Number \_\_\_\_\_

Today's Date \_\_\_\_\_

Name of Owner(s) \_\_\_\_\_

Beginning Date of Entry \_\_\_\_\_

Ending Date of Entry \_\_\_\_\_

Name of contractor/Vendor/Other \_\_\_\_\_

I certify that I am the owner, or agent of record, for the apartment indicated and have full authority to request this unit entry. My signature gives the Association Management authority to act on this request.

I hereby release, indemnify, and hold the Association of Apartment Owners, its employees, agents, and directors, harmless from and against all claims, liabilities, personal and property damage or loss, or injury to or death of any person in or about my apartment and The Whaler premises either as a result of requesting or receiving key service from the Association or any activity associated with rental or guest occupancy of my unit.

Owner(s)/ Agents Signature \_\_\_\_\_

Owner(s)/ Agents Printed Name \_\_\_\_\_

(\* I authorize the Association Management to make and issue a key to the contractor/vendor/other for the apartment indicated above \_\_\_\_\_  
***(Has to be signed by Owner or Agent(s) for key to be issued)***

This Authorization form will be:

1. Mailed to the AOA Office; Attn: Security and Engineering
2. Faxed to John Reis (808) 661-6910 and Shawn Racoma (808) 661-1468
3. Emailed to [whaler.security@kaanapaliwhaler.com](mailto:whaler.security@kaanapaliwhaler.com) or [ownerservices@kaanapaliwhaler.com](mailto:ownerservices@kaanapaliwhaler.com)



## CONTRACTOR AUTHORIZATION AFTER HOURS WORK PERMIT

THIS PERMIT IS TO ALLOW CONTRACTOR: \_\_\_\_\_

TO WORK IN UNIT# \_\_\_\_\_

TYPE OF WORK APPROVED:

**(Quiet Work Only!)**

DATE BEGIN: \_\_\_\_\_ 4pm-9pm    DATE END: \_\_\_\_\_ 4pm-9pm

APPROVED BY: \_\_\_\_\_

The Whaler AOA Office (any of the following):

\_\_\_ Mila Salvador, General Manager

\_\_\_ Shawn Racoma, Director of Engineering

\_\_\_ John Reis, Security Supervisor



## CONTRACTOR AUTHORIZATION WEEKEND WORK PERMIT

THIS PERMIT IS TO ALLOW CONTRACTOR: \_\_\_\_\_

TO WORK IN UNIT# \_\_\_\_\_

TYPE OF WORK APPROVED:

**(Quiet Work Only!)**

DATE BEGIN: \_\_\_\_\_ 8am-4pm    DATE END: \_\_\_\_\_ 8am-4pm

APPROVED BY: \_\_\_\_\_

The Whaler AOA Office (any of the following):

\_\_\_ Mila Salvador, General Manager

\_\_\_ Shawn Racoma, Director of Engineering

\_\_\_ John Reis, Security Supervisor