



AUTHORIZATION Rental Agents and Independent Cleaners

Unit Number _____ Today's Date _____

Name of Owner(s) _____

Owner's Phone Number/ E-mail Address _____

Name of Rental Company _____

Rental Company's Phone Number/ Email Address _____

Owner's Signature authorizing a key to be issued _____ *

Name of Independent Cleaner _____

Independent Cleaner's Phone Number/ Email Address _____

Owner's Signature authorizing a key to be issued _____ *

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 (***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 Security (808) 661-6910 and Shawn Racoma (808) 661-1468
3. Emailed to whaler.security@kaanapaliwhaler.com or ownerservices@kaanapaliwhaler.com