

KLRF Gate Code Authorization Form

Property Owner Information:

Lot Owner/LLC President Name: _____

Lot Number(s): _____

Primary Phone: _____

Email Address: _____

Is this a new submission or additional contacts?

_____ New Submission _____ Additional Contacts

Authorized Contacts

Please provide information for all individuals authorized to use the lot's private gate code.

1. Contact Information

* Full Name: _____

* Type of Contact: ☐ Renter ☐ Part Owner ☐ Regular Visitor ☐ Guest ☐ Other: _____

* Phone Number: _____

* Email Address: _____

* Vehicle Make/Model: _____

* License Plate: _____

* Notes: _____

2. Contact Information

* Full Name: _____

* Type of Contact: ☐ Renter ☐ Part Owner ☐ Regular Visitor ☐ Guest ☐ Other: _____

* Phone Number: _____

* Email Address: _____

* Vehicle Make/Model: _____

* License Plate: _____

* Notes: _____

3. Contact Information

* Full Name: _____

* Type of Contact: ☐ Renter ☐ Part Owner ☐ Regular Visitor ☐ Guest ☐ Other: _____

* Phone Number: _____

* Email Address: _____

* Vehicle Make/Model: _____

* License Plate: _____

* Notes: _____

4. Contact Information

- * Full Name: _____
- * Type of Contact: ☐ Renter ☐ Part Owner ☐ Regular Visitor ☐ Guest ☐ Other: _____
- * Phone Number: _____
- * Email Address: _____
- * Vehicle Make/Model: _____
- * License Plate: _____
- * Notes: _____

5. Contact Information

- * Full Name: _____
- * Type of Contact: ☐ Renter ☐ Part Owner ☐ Regular Visitor ☐ Guest ☐ Other: _____
- * Phone Number: _____
- * Email Address: _____
- * Vehicle Make/Model: _____
- * License Plate: _____
- * Notes: _____

6. Contact Information

- * Full Name: _____
- * Type of Contact: ☐ Renter ☐ Part Owner ☐ Regular Visitor ☐ Guest ☐ Other: _____
- * Phone Number: _____
- * Email Address: _____
- * Vehicle Make/Model: _____
- * License Plate: _____
- * Notes: _____

7. Contact Information

- * Full Name: _____
- * Type of Contact: ☐ Renter ☐ Part Owner ☐ Regular Visitor ☐ Guest ☐ Other: _____
- * Phone Number: _____
- * Email Address: _____
- * Vehicle Make/Model: _____
- * License Plate: _____
- * Notes: _____

8. Contact Information

- * Full Name: _____
- * Type of Contact: ☐ Renter ☐ Part Owner ☐ Regular Visitor ☐ Guest ☐ Other: _____

* Phone Number: _____
* Email Address: _____
* Vehicle Make/Model: _____
* License Plate: _____
* Notes: _____

9. Contact Information

* Full Name: _____
* Type of Contact: ☐ Renter ☐ Part Owner ☐ Regular Visitor ☐ Guest ☐ Other: _____
* Phone Number: _____
* Email Address: _____
* Vehicle Make/Model: _____
* License Plate: _____
* Notes: _____

10. Contact Information

* Full Name: _____
* Type of Contact: ☐ Renter ☐ Part Owner ☐ Regular Visitor ☐ Guest ☐ Other: _____
* Phone Number: _____
* Email Address: _____
* Vehicle Make/Model: _____
* License Plate: _____
* Notes: _____

WHAT TO DO AFTER FILLING OUT THE FORM:

- Use another sheet of paper to add more contacts if necessary.
- Submit the completed form to the KLRF Administration Office or to the KLRF Aloha Team. The phone number and email are listed below.
- You can also turn in this form to the Guard Shack. Make sure to text us that you turned it into the Guard Shack.
- Allow 2-3 business days for processing.
- Retain a copy for your records.
- If you have any questions, call the KLRF Administration Office or the Aloha Team.
- You can request more copies at the Admin Office, Guard Shack, or through text message:

Text or call: 808-646-2936 OR Email us at: klrfaloha@gmail.com

Agreement and Authorization

By signing below, I:

1. Confirm that all information provided is accurate and complete
2. Understand that I am responsible for the actions of all authorized individuals
3. Will notify KLRF security immediately of any changes to this authorization
4. Acknowledge that providing false information may result in gate access revocation
5. Have read and agree to comply with all terms in the KLRF Gate Access Agreement

Owner/President Signature: _____

Date: _____

For KLRF Security Use Only

Date Received: _____

Processed By: _____

Gate Code Assigned: _____

FOB Numbers Issued: _____

Previous FOBs Returned: ☐ Yes ☐ No ☐ N/A

Security Notes: _____

KLRF Aloha Team (Text ok): 808-646-2936

Email: us at: klrfaloha@gmail.com or office@kunialoaridgefarmlands.com

Guardshack Phone: 808-798-5654

KLRF Office Phone Number 808-798-5735