KLRF Gate Code Authorization Form

(This is a fillable pdf document. Feel free to email us this copy after you finish)

Property Owner Information: Lot Owner/LLC President Name:	Lot Number:
	Email:
	License Plate:
Is this a new submission or additiona	
*New Submission *Addit	ional Contacts (adding or changes to your contacts)
Authorized Contacts	
Please provide information for all ind	lividuals authorized to use the lot's private gate code
1. Contact Information	
* Full Name:	Phone:
* Type of Contact: □ Renter □ Part	t Owner □ Regular Visitor □ Guest □ Other:
* Email Address:	Sub Lot Number:
* Vehicle Make/Model:	License Plate:
* Notes:	
2. Contact Information	
* Full Name:	Phone:
* Type of Contact: □ Renter □ Part	t Owner □ Regular Visitor □ Guest □ Other:
* Email Address:	Sub Lot Number:
* Vehicle Make/Model:	License Plate:
* Notes:	
3. Contact Information	
* Full Name:	Phone:
* Type of Contact: □ Renter □ Part	t Owner □ Regular Visitor □ Guest □ Other:
* Email Address:	Sub Lot Number:
* Vehicle Make/Model:	License Plate:

* Notes:	
4. Contact Information * Full Name:	Phone:
* Type of Contact: □ Renter □ Part Owr	ner 🗆 Regular Visitor 🗆 Guest 🗆 Other:
* Email Address:	Sub Lot Number:
* Vehicle Make/Model:	License Plate:
* Notes:	
WHAT TO DO AFTER FILLING OUT THI	E FORM:
 KLRF Aloha Team. The phone num Allow 5-7 business days for process Retain a copy for your records. If you have any questions, call the keeping and the second seco	uard shack, KLRF Administration Office or to the ber and email are listed below.
Agreement and Authorization By signing below, I:	
	ne actions of all authorized individuals

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

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

Date:

Guardshack Phone: 808-798-5654

KLRF Office Phone Number 808-798-5735