

Return completed form to Healthcare Realty:

FAX 585.8054

EMAIL kgajete@healthcarerealty.com

MAIL 1401 South Beretania Street, Suite 390
Honolulu, Hawaii 96814

HALE PAWA'A

Hang Tags

OFFICE USE ONLY

Lease ID: _____

Date: _____ Tenant name: _____ Suite #: _____

Contact name: _____ Phone: _____ Email: _____

Request details

1 ISSUED TO

First name: _____ Last name: _____

Phone: _____ Email: _____

2 LICENSE PLATE NUMBER: MAKE: MODEL: COLOR: YEAR:

Note: Hang tags are non-transferable and must be used by the assigned only. Hang tags must be displayed in the vehicle at all times and all tenants besides physicians must park on floors 5 and above. Hang tags are \$5.00 + tax for each. Additional parking is on a month-to-month basis based on availability and subject to change pursuant to the Lease Agreement.

*** By signing below, tenant acknowledges and agrees that all charges associated with this request shall be charged back to the tenant's account.*

AUTHORIZED BY:

Signature _____ Date _____
(Electronic signature represented by blue type)

Name (print) _____ Title _____

*** To be signed only once hang tag is received.*

ACCESS FOB RECEIPT:

The undersigned acknowledges receipt of hang tag number: _____

Signature _____ Date _____
(Electronic signature represented by blue type)

Name (print) _____ Title _____

OFFICE USE ONLY

Date: _____ WO#: _____ Total charges: \$ _____ CM batch: _____