



Change of Address Form for Billing & Correspondence

Please Fax or Mail this form to:

FAX (Maui): (808) 871-2662

MAILING ADDRESS:

AOAO Harbor Lights
111 Kahului Beach Rd. A-111
Kahului, HI 96732
harborlightsmaui@gmail.com

Owner Name(s):

Property Name :

Unit # :

BILLING ADDRESS

(Required Information – please print)

Name (if changes)*:

Address line 1:

Address line 2:

City/State/Zip:

CORRESPONDENCE ADDRESS

Same as billing address above

Name (if changes)*:

Address line 1:

Address line 2:

City/State/Zip:

E-mail Address:

Name (Please Print)

Signature

Date

* To change or update the spelling of a name, one of the following documents must be submitted: 1) birth certificate; 2) marriage certificate or 3) deed. *Please note* that a name change refers to a **spelling correction or update only**, and not to a change of ownership.

(For Office Use Only)

Project Accountant: