

## **Change of Address Form for Billing & Correspondence**

Please Fax or Mail this form to:

**FAX (Oahu):** (808) 593-6333

**MAILING ADDRESS:** 

Hawaiiana Management Company, Ltd. 711 Kapiolani Blvd., Suite 700

Honolulu, HI 96813

ATTN: ADDRESS CHANGE

Owner Name(s):	T-7 A. #	
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:		
N. (DI D.: A)		
Name (Please Print)		
Signature	 Date	
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(For Office Use Only)