

## **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):	
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	

(For Office Use Only)