Hickam Communities LLC
211 Mercury Street
Honolulu, HI 96818
www.HickamCommunities.com

Telephone
808.423.2300
Facsimile
808.423.1645

Resident Absence Notification Form

I, _____, living at _____, hereby inform Hickam Communities that I will be away from my home for the period of _____ to _____. A valid Power of Attorney is required for any individual authorized to act on my behalf if my absence exceeds 30 days. During my absence the telephone number I can be reached at will be (_____)_____. Should you be unable to reach me at that number, an alternate person to call would be _____, who can be reached at (_____)_____. I understand that Hickam Communities is not held liable should any incident occur.

Please initial next to the following and fill in all that applies.

1. _____ I understand that no children are permitted to remain in the unit unattended.
   a. If pertinent, they will be in the care of _____ located at _____, telephone (_____)_____.
   The individual listed (check one) ☐ is ☐ is not allowed entry into the residence, upon providing proof of identification.
2. _____ I understand that no pets are permitted to remain in the unit unattended.
   a. If applicable, they will be in the care of _____ located at _____, telephone (_____)_____.
   b. If applicable, my pets will remain in the home and will be checked on periodically by _____, telephone (_____)_____.
   The individual listed (check one) ☐ is ☐ is not allowed entry into the residence, upon providing proof of identification.
3. _____ I understand that yard maintenance must still be maintained while I am away.
   a. The individual maintaining my yard will be _____.
   His/her address is _____, telephone (_____)_____.
   This individual(s) listed (check one) ☐ is ☐ is not allowed entry into the residence, upon providing proof of identification.

_____ _____ _____
Signature of Resident | Print Name | Date

This document was signed before me on the _____ day of the month of _____.

_____ _____ _____
Hickam Communities Associate | Print Name | Date