

**MAUNA LUAN**  
**Apartment Entry Authorization**

I/we hereby authorize the General Manager/Management Staff to issue keys to my apartment and allow entry to:

**Kilauea Pest Control**

for the purpose of Quarterly Treatment on:

**Tuesday, June 25, 2024**

**Tuesday, September 24, 2024**

**Tuesday, December 17, 2024**

**Tuesday, March 25, 2025**

I/we understand that the General Manager/Management Staff will not accompany the above person/persons to my apartment or stay in my apartment while the above mentioned firm is within my apartment.

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Apt #

**PLEASE RETURN THIS AUTHORIZATION FORM TO THE MANAGEMENT  
OFFICE PRIOR YOUR FIRST TREATMENT DATE**