

**COUNTY OF HAWAI'I  
REAL PROPERTY TAX DIVISION**

TAX MAP KEY/PARCEL ID					
ISLE	Z	S	PLAT	PARCEL	CPR
3					

101 Pauahi St., Ste. No. 4, Hilo, Hawai'i 96720  
Phone: (808) 961-8201  
74-5044 Ane Keohokalole Hwy., Bldg. D, 2nd Flr., Kailua-Kona, Hawai'i 96740  
Phone: (808) 323-4880

**CLAIM FOR CHARITABLE AND MISCELLANEOUS EXEMPTION**

Exemption is hereby claimed from Real Property under County Ordinance Chapter 19 Section 19-77.

- SCHOOL
- HOSPITAL/NURSE HOME
- CHURCH
- OTHER SPECIFY: \_\_\_\_\_
- CEMETERY
- PUBLIC USE
- NON-PROFIT

Name of Organization: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

1. Explain the charitable or miscellaneous use: \_\_\_\_\_
2. Is all the land and/or buildings used exclusively for the purpose claimed?  Yes  No
3. If the answer is no, explain and state area used for business.  
\_\_\_\_\_
4. **Submit documentation from the Internal Revenue Service verifying exemption status.**

**CERTIFICATION**

I declare, under penalty of law, that all statements in this return are true and correct to the best of my knowledge. I understand that any misstatement of facts will be grounds for disqualification and penalty.

Date \_\_\_\_\_ 20\_\_\_\_

(Print Officer's Name)

Officer's Signature

**(For Tax Office Use Only)**

Date Received (U.S. Postmark): \_\_\_\_\_ 20\_\_\_\_ Effective \_\_\_\_\_ Tax Year

By: \_\_\_\_\_ Claim Disallowed for \_\_\_\_\_ Tax Year

Input Date: \_\_\_\_\_ Input Date: \_\_\_\_\_

By: \_\_\_\_\_ By: \_\_\_\_\_

Reason: \_\_\_\_\_

PITT \_\_\_\_\_ EX CD \_\_\_\_\_ CARD # \_\_\_\_\_ BUILDING % \_\_\_\_\_ LAND % \_\_\_\_\_