

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

**COUNTY OF HAWAI‘I  
 DEPARTMENT OF FINANCE - REAL PROPERTY TAX DIVISION  
 101 Pauahi St., Ste. No. 4, Hilo, HI 96720  
 75-5706 Kuakini Hwy., Ste. No. 112, Kailua-Kona, HI 96740**

**REQUEST TO WITHDRAW FROM THE NON-DEDICATED AGRICULTURAL PROGRAM**

**Date:** \_\_\_\_\_

CHECK ALL THAT ARE APPLICABLE

- \_\_\_ Voluntary withdrawal from the Non-Dedicated Agricultural Program
- \_\_\_ Application to be placed in the Homeowner’s Class. I certify that this property is used for residential purposes and no part of it is rented or in commercial use. Agricultural uses or business uses that are in accordance with the Zoning Code are acceptable in this class.

I voluntarily submit this request for withdrawal from the Non-Dedicated Agricultural Program and understand that it will affect the property valuation. The assessment and valuation of the property will change from the preferential agricultural use rates, i.e. crop rates, to an assessment based upon highest and best use, or market value. I am also aware that this requested change will affect my tax billing for next year.

I understand that the staff members of the Real Property Tax Office cannot determine, at this time, my future tax liability. I realize that the Hawai‘i County Council is responsible for adopting the tax rates, which are applicable to this assessment, and that the tax rates are adopted on or before June 20<sup>th</sup> preceding the applicable tax year. I understand that the rates are annually reviewed and subject to change each year.

I understand that I may reapply for the Non-Dedicated Agricultural Program by submitting a new application. This application will be subject to verification of the agricultural use of the property. The deadline to submit an application is the January 1<sup>st</sup> for the tax year starting on the following July 1<sup>st</sup>.

_____ Signature of Owner	_____ Date	_____ Mailing Address	_____ Day Telephone No.
_____ Signature of Owner	_____ Date	_____ Mailing Address	_____ Day Telephone No.
_____ Signature of Owner	_____ Date	_____ Mailing Address	_____ Day Telephone No.
_____ Signature of Owner	_____ Date	_____ Mailing Address	_____ Day Telephone No.

<b>FOR TAX OFFICE USE ONLY</b>	
Received By: _____	Date: _____