



County of Hawai'i Real Property Tax Division

Aupuni Center • 101 Pauahi Street • Suite 4 • Hilo, Hawai'i 96720
 Appraisers (808) 961-8354 • Clerical (808) 961-8201 • Collections (808) 961-8282
 Fax (808) 961-8415

West Hawai'i Civic Center • 74-5044 Ane Keohokalole Hwy. • Bldg. D, 2nd Flr. • Kailua Kona, Hawai'i 96740
 Appraisers (808) 323-4881 • Clerical (808) 323-4880 • Fax (808) 327-3538

CHANGE OF ADDRESS FORM

ISLE	ZONE	SEC	PLAT	PAR	CPR
3					

OR

SITE / PROPERTY ADDRESS

ADDRESS, CITY, STATE, ZIP:

For additional TMK's / properties covered by this address change, please list on the back of this form.

TITLED OWNER NAME (LAST, FIRST M.) / BUSINESS OR TRUST:

CURRENT ADDRESS:

CITY, STATE, ZIP CODE:

EMAIL:

TELEPHONE:

HOME:	BUS:	CELL:
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If you are not the owner of record, please complete this section:

NAME (LAST, FIRST M):

RELATIONSHIP TO OWNER AND REASON FOR REQUEST:

EMAIL:

TELEPHONE:

HOME:	BUS:	CELL:
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CHANGE THE MAILING ADDRESS TO:

NAME (LAST, FIRST M):

ADDRESS:

CITY, STATE, ZIP CODE:

CHANGE IN EXEMPTION STATUS:

SOLD / LEASED	VACATED	RENTED
DATE OF CHANGE:		

SIGNATURE

PRINT NAME

DATE

(FOR TAX OFFICE USE ONLY)

FORM SUBMITTED BY: COUNTER MAIL FAX EMAIL

DATE RECEIVED _____ BY _____

INPUT DATE _____ BY _____