



County of Hawaii Real Property Tax Division

Complaint Form

Aupuni Center • 101 Pauahi Street • Suite No. 4 • Hilo, Hawai'i 96720 • Fax (808) 961-8415
Appraisers (808) 961-8354 • Clerical (808) 961-8201 • Collections (808) 961-8282
West Hawai'i Civic Center • 74-5044 Ane Keohokalole Hwy. • Bldg. D, 2nd Flr. • Kailua Kona, Hawai'i 96740
Fax (808) 327-3538 • Appraisers (808) 323-4881 • Clerical (808) 323-4880

Complainant Information:

Complainant's Name: _____

Mailing Address: _____

Phones — Cell: _____

Home: _____

Work: _____

E-mail: _____

Note: Name, address and a phone number are mandatory so that we can contact you if further information is needed.

Describe Complaint:

if no property address, what distinguishing feature is seen from the street that identifies the property?

Have you filed this complaint with another government agency? Yes No If Yes, Date of Contact: _____

Person Contacted: _____ Results of Contact: _____

Enter the following information for the parcel that this complaint is regarding:

Property Tax Map Key (TMK) #: _____ Community _____

Property Street Address: _____

Property Owner (if known): _____

Property Owner's Mailing Address (if known): _____

Signature: _____ Date: _____

Notes:

- Construction of any structure without a building permit is a Building Code Violation and should be referred to the Department of Public Works, Hilo Building Division (961-8331) or Kailua-Kona Building Division (323-4720). This includes people living in tents, buses, shacks, sheds, etc.**
- While every effort is made to investigate all complaints, anonymous complaints may limit the Real Property Tax Division's ability to effectively and thoroughly investigate.**
- All information and records acquired by the Real Property Tax Division under this part shall be confidential.** However, it is possible that if court proceedings occur that this information could be subpoenaed and made known to all parties involved.

Department Use Only

Received By: _____ Date: _____

Complaint Form received by: Mail: Phone: Fax: Counter: Email:

Exemptions? Yes: No: If yes, type: _____ Improvements? Yes: No:

Parcel Size: _____ County Zoning: _____

Land Owner: _____ Address: _____

Date of Response: _____ by: Mail: Phone: Fax: Counter: Email:

Scanned: