

CASE NO. _____



County of Hawai'i Real Property Tax Division

TAX MAP KEY / PARCEL ID					
ISLE	ZONE	SEC	PLAT	PAR	CPR
3					

Aupuni Center ~ 101 Pauahi Street ~ Suite 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 Floor ~ Kailua-Kona, Hawai'i 96740
 Fax (808) 327-3538 ~ Appraisers (808) 323-4881 ~ Clerical (808)323-4880

OWNER REGISTRY FORM

OWNER INFORMATION

NAME:
MAILING ADDRESS:
CITY/STATE/ZIP:
PHONE NUMBER:
EMAIL ADDRESS:

ON-ISLAND CONTACT (IF OTHER THAN OWNER)

NAME:
MAILING ADDRESS:
CITY/STATE/ZIP:
PHONE NUMBER:
EMAIL ADDRESS:

FOR ADDITIONAL TMKS/PROPERTIES, PLEASE LIST BELOW:

EX: 2-2-015-033-0000 or 220150330000		

_____ PRINT NAME

_____ SIGNATURE

_____ DATE

FOR DEPARTMENT USE ONLY

FORM SUBMITTED BY: COUNTER MAIL FAX EMAIL

DATE RECEIVED: _____ BY: _____

INPUT DATE: _____ BY: _____