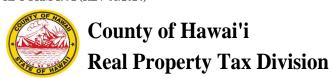
DEPARTMENT OFAFINANCE RP FORM 1992 (REV 08/2024)



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

INPUT DATE

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.

If you are not the owner of record, please complete this section: TITLED OWNER NAME (LAST, FIRST M.) / BUSINESS OR TRUST: NAME (LAST, FIRST M): CURRENT ADDRESS: RELATIONSHIP TO OWNER AND REASON FOR REQUEST: CITY, STATE, ZIP CODE: EMAIL: EMAIL: TELEPHONE: TELEPHONE: HOME: CELL: HOME: BUS: **CHANGE IN EXEMPTION STATUS:** CHANGE THE MAILING ADDRESS TO: NAME (LAST, FIRST M): SOLD / LEASED VACATED RENTED ADDRESS: DATE OF CHANGE: CITY, STATE, ZIP CODE: SIGNATURE PRINT NAME DATE (FOR TAX OFFICE USE ONLY) MAIL FAX EMAIL FORM SUBMITTED BY: COUNTER □ BY _____ DATE RECEIVED

_____ BY ____