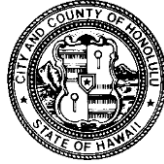


Parcel ID (Tax Map Key)



REAL PROPERTY ASSESSMENT DIVISION
DEPARTMENT OF BUDGET
AND FISCAL SERVICES
CITY AND COUNTY OF HONOLULU
Phone: (808) 768-3799
www.realpropertyhonolulu.com

Enter 12-digit Parcel ID

**Slaughterhouse
CLAIM FOR EXEMPTION
ROH § 8-10.22**

Print Name	Business Name	Phone Number	Email Address
------------	---------------	--------------	---------------

Site Address

Mailing Address (If Different From Above)

Claimant is: Fee Simple Owner Lessee, minimum 10 years remaining Expiration Date: _____
If claimant is lessee, is a copy of the lease attached? Yes No

CERTIFICATION

I certify that I am the owner or lessee of this property, and declare that it is used exclusively for purposes of slaughtering or butchering cattle, pigs, poultry animals or other domestic livestock for commercial slaughterhouse purposes. I understand that any misstatement of facts may be grounds for disallowance of the exemption.

Signature _____ Print Name _____ Date _____

Complete the claim form and deliver or mail (post office cancellation mark) the claim form with supporting documentation, on or before **September 30th** preceding the tax year for which you are claiming the exemption to either:

Real Property Assessment Division
842 Bethel Street, Basement
Honolulu, HI 96813

Real Property Assessment Division
1000 Uluohia Street #206
Kapolei, HI 96707

This claim cannot be filed by facsimile transmission or via email. For a receipted copy, submit with a self addressed stamped envelope.

For Tax Year: _____ **FOR OFFICIAL USE ONLY** Approved Disapproved

Received By: _____ Date Received (post office cancellation mark): _____

Lease attached: Yes No