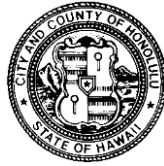


Parcel ID (Tax Map Key)



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

For-Profit Group Child Care Centers
CLAIM FOR EXEMPTION
ROH § 8-10.30

Form with fields: Name of Applicant, Title of Applicant, Telephone, Property Address, Name of Business/Organization/Facility, Mailing Address, Email Address

Submit the indicated certification to claim exemption
For-profit Group Child Care Center: certification issued by or under the authority of the State of Hawaii, Department of Human Services stating the child care facilities meet the requirements set forth by HRS Chapter 346 Part VIII.
* HRS Chapter 346 Part VIII § 346-151 Definitions: "Group child care center' means a facility, other than a private home, at which care is provided."
Certification attached: [] Yes [] No

Describe specific use(s) of parcel: _____

Are all of the land and building(s) used exclusively for the purpose claimed? [] Yes [] No If "No," indicate the total area of land and building used for this Claim For Exemption: _____
For leased or rented property, attach a copy of the recorded (at the bureau of conveyances) lease or rental agreement.
Copy of recorded lease or rental agreement attached: [] Yes [] No
If multiple buildings exist on parcel, attach a plot plan illustrating the location of buildings and indicating their specific use.
Plot plan attached: [] Yes [] No

CERTIFICATION
I declare, under penalty of law, that all statements in this exemption claim are true and correct to the best of my knowledge. As the applicant of this Claim For Exemption, I certify the facility is a property, other than a private home, at which care is provided. I understand that any misrepresentation of facts will be grounds for disqualification and penalty.
Applicant's Signature _____ Print Applicant's Name _____ Date _____

Complete the claim form and deliver or mail (post office cancellation mark) form, on or before September 30th, preceding the tax year for which you are claiming the exemption, to either office listed below:
Real Property Assessment Division Real Property Assessment Division
842 Bethel Street, Basement 1000 Uluohia Street #206
Honolulu, HI 96813 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 OFFICIAL USE ONLY
For Tax Year: _____ [] Approved [] Disapproved
Received By: _____ Date Received _____ (post office cancellation mark)
Documents Attached: Certification [] Yes [] No; Lease [] Yes [] No; Plot Plan [] Yes [] No
Exemption % of Land: _____ Building # _____ Exemption % of Building: _____ Building # _____ Exemption % of Building: _____