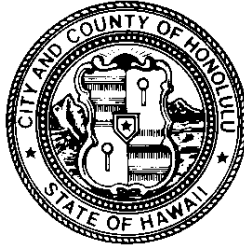


Parcel ID (Tax Map Key)



REAL PROPERTY ASSESSMENT DIVISION  
DEPARTMENT OF BUDGET  
AND FISCAL SERVICES  
CITY AND COUNTY OF HONOLULU

Above enter 12-digit parcel ID  
For example: 210630150000

Petition No. \_\_\_\_\_

**ANNUAL REPORT FOR AGRICULTURAL DEDICATION**

**Section 8-7.3, Revised Ordinances of Honolulu**

(To be submitted by: September 1st)

**FOR VACANT AGRICULTURAL LAND DEDICATION ONLY**

Has the use of this parcel changed from the previous tax year?  Yes  No If yes, please explain on the other side of this form.

**FOR AGRICULTURAL USE DEDICATION ONLY**

Has the land area in agricultural use identified in your petition changed from previous year?  Yes  No

If Yes, please provide an updated description of the land areas in agricultural and non-agricultural use. If agricultural activities have ceased or been discontinued, please provide an explanation on the other side of this form.

Description of Agricultural Use	Area in Agricultural Use	Description of Non-Agricultural Use	Area in Non-Agricultural Use
	Ac.		Ac.
	Ac.		Ac.
	Ac.		Ac.
	Ac.		Ac.
<b>Total Agricultural Use Area</b>	Ac.	<b>Total Non-Agricultural Use Area</b>	Ac.

\* Name of Petitioner:

General Excise Tax No.:

\* Signature of Petitioner:

Email Address:

Date:

Mailing Address:

Telephone No.:

\* For lands dedicated for agricultural use, Name of Petitioner is the party (individual, corporation, tenant, etc.) conducting the agricultural use activities. If the agricultural use activities have been discontinued or the parcel has qualified for a vacant land dedication, the fee owner shall complete this form.

Complete this form and deliver or mail (post office cancellation mark) the claim form with supporting documentation, annually on or before September 1<sup>st</sup>, preceding the tax year for which you are claiming the exemption to either:

Real Property Assessment Division  
842 Bethel Street, Basement  
Honolulu, HI 96813  
Telephone: (808) 768-3799

Real Property Assessment Division  
1000 Uluohia Street #206  
Kapolei, HI 96707  
Telephone: (808) 768-3799

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

FOR OFFICIAL USE ONLY

Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_  
(post office cancellation mark)

Petition No.: \_\_\_\_\_

Approved by: \_\_\_\_\_

Disapproved by: \_\_\_\_\_