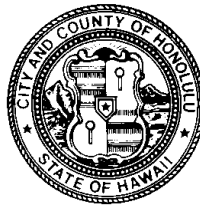


Parcel ID (Tax Map Key)
Enter 12-digit parcel ID



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

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? If Yes, please explain on the other side of this form.	Yes	No
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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 discontinued, please provide an explanation on the other side of this form.			
Description of Agricultural Use	Area	Description of Non-Agricultural Use	Area
	Ac.		Ac.
	Ac.		Ac.
	Ac.		Ac.
	Ac.		Ac.
Total Agricultural Use Area	Ac.	Total Non-Agricultural Use Area	Ac.

* Name of Petitioner	General Excise Tax Number
_____	_____
* Petitioner Signature	Date
_____	_____
Mailing Address	Email Address
_____	_____
_____	Phone Number
_____	_____

* 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 or lessee 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 1st, preceding the tax year for which you are claiming the exemption to either: This claim cannot be filed by facsimile transmission. For a receipted copy, submit with a self-addressed stamped envelope.

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

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

FOR OFFICIAL USE ONLY

Tax Year: _____	Received By: _____	Date Received: _____ (post office cancellation mark)
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved by: _____		