

COUNTY OF KAUAI
DEPARTMENT OF FINANCE
REAL PROPERTY ASSESSMENT DIVISION
4444 Rice Street, Ste. A-454
Lihue, HI 96766-1326
Ph. (808) 241-4224

CLAIM FOR RESIDENTIAL FIRE SUPPRESSION EXEMPTION
(Chapter 5A-11.31, K.C.C. 1987)

FILING DEADLINE: SEPTEMBER 30TH

| Tax Map Key Number | | | | |
|--------------------|---------|------|--------|-----|
| Zone | Section | Plat | Parcel | CPR |
| | | | | |

Fire suppression exemption is hereby claimed from Real Property Tax by:

Claimant's Name: _____
(Print or Type)

Home Address: _____

Phone Number: _____

Email Address: _____

Signature of Claimant: _____

To be completed by Real Property Assessment

Claim received by: _____ Date: _____
(For Assessor)

To be completed by Fire Department

I hereby certify that the above-mentioned residential building has installed an automatic fire suppression system that satisfies the requirements of the real property exemption.

Inspection Date: _____ Name: _____
(For Fire Chief)