RP Form P-6 (08/22/2016)
Dept of Finance

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REAL PROPERTY ASSESSMENT DIVISION
DEPARTMENT OF FINANCE
COUNTY OF KAUA`I
CLAIM FOR EXEMPTION

Exemption is hereby claimed from Real Property Tax due to the property owner's being:

☐ Hansen's Disease Sufferer

☐ Blind, Deaf or Totally Disabled

| ZONE | SEC | PLAT | PAR | CPR/HPR |
|---|---|---|---|---|
| | | | | |

Claimant's Name: _____ Home Address: _____
Print or type — Street address or Post Office Box

Signature: _____ _____
City/Town, State, Zip Code

Phone No(s): Home _____ Bus/Cell _____ Email _____

This exemption is in addition to the regular Claim for Home Exemption. Impairment or disability must be certified by a licensed physician or optometrist, completion of Form N-172 and this Claim for Exemption filed at the Real Property Assessment Office. For further information contact the number shown below. **DUE ON OR BEFORE SEPTEMBER 30TH.**

Claim received by: _____ _____ _____
For Assessor — Date — Effective Tax Year

RETURN ADDRESS: Real Property Assessment Div., 4444 Rice Street, Ste 454, Līhu'e, HI 96766-1326 Phone: (808) 241-4224