

REAL PROPERTY ASSESSMENT DIVISION
DEPARTMENT OF FINANCE
COUNTY OF KAUAI
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	PARCEL	CPR

Claimant's Name: _____ Mailing 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. (Form N-172) and said certificate 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 Tax Clerk or Assessor Date Effective Tax Year

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