

REAL PROPERTY COLLECTIONS

DEPARTMENT OF FINANCE

CHELSE SAKAI, DIRECTOR

MICHELLE L. LIZAMA, DEPUTY DIRECTOR



DEREK S.K. KAWAKAMI, MAYOR
REIKO MATSUYAMA, MANAGING DIRECTOR

APPLICATION FOR PUBLIC DATA - REAL PROPERTY TAX COLLECTION

Applicant: _____ Date: _____

Address: _____

Contact Person: _____ Phone: _____

Data Requested: _____ Fee



Accounts Receivable Report. P & I Calculated to(TX510HI): _____ \$250.00

Date _____



Trial Balance Report as of (TB102HI): _____ \$250.00

Date _____



TB & C Information Extract(TB370HI) _____ Date _____ \$250.00

* Retrieves the most recent billing information and combines that with the Owner, Property Description, and Agency information into one file.

The applicant hereby agrees that the data requested above shall be used in strict accordance with all applicable Federal, State and County Statutes, rules and regulations, and will be subject to such restrictions as may be noted below, which might be placed on the use of this data by the controlling agency to protect the rights of privacy of individuals. It is further subject to all Federal, State and County Statutes, rules and regulations regarding accessibility, privacy and security. The public information in the form provided shall not be sold to third parties. For clarity, the preceding sentence does not restrict the applicant from using and distributing data extracted from the records, as long as the applicant's use and distribution is in accordance with all applicable State and/or Federal law(s).

No representations are provided concerning the sufficiency of this information to serve the applicant's purpose, and it will be the user's responsibility to verify the accuracy of the data provided. The use of this data is subject to all other restrictions and provisions that may be noted below.

Applicant Signature

Make check payable to Director of Finance. Mail to: Real Property Tax Collection, 4444 Rice Street, Suite 463, Lihue, HI 96766.

County to fill in below

Other restrictions on Use of Data: _____

Total fee payable to Director of Finance: \$ _____ Fee Received by: _____ Date: _____

Recommend Approval:

Supervisor of Agency Controlling Data

Date

Deputy Director of Finance

Date