



**COUNTY OF KAUA'I
FINANCE DEPARTMENT
REAL PROPERTY ASSESSMENT DIVISION**

**CLAIM FOR EXEMPTION BY PUBLIC UTILITIES
FILING DEADLINE SEPT 30TH**

Exemption is hereby claimed under Sec. 5.11.23 (HRS Sec. 239-3)

1. Owner or DBA _____
2. Actual Use _____ Area _____
3. Is all of the land and/or buildings used exclusively for the purpose claimed? (YES NO)? If the answer is no, explain and state total area used for this purpose. (If there is more than one building show plot plan on reverse side) _____

4. If the property is leased: Are you required to pay the property tax? (YES NO)? Lease Rental \$ _____
Date _____ Expires _____
5. CERTIFICATION: I certify that the property is used for utility and is included in the rate base. Any misstatement of facts will be grounds for disallowance and assessment.

Officer's Signature _____ Date _____

Title _____ Telephone No _____

Mailing Address _____

(For Official Use)	PARCEL ID (MAP TAX KEY)				
	ZONE	SEC	PLAT	PAR	CPR
TEN # _____					
BLDG # _____	Site Location _____				
BLDG # _____	_____				
BLDG % _____	Pitt. Code _____				
LAND % _____	Exemp. Code _____				
(For Official Use)					
Date _____					
Received by _____ (Assessor)					
Pitt. Code _____					
Exemp. Code _____					

Effective Tax Year _____