



Change of Mailing Address, Care of ("c/o") Address, and/or Exemption Status
 Revised Ordinances of Honolulu, § 8-2.1

I am completing this form as the: Claimant Authorized Representative

A letter or document of authorization is required for an authorized representative or c/o addressee to submit this form.

Claimant Name	Authorized Representative Name(if applicable)
Site Address	

Select one to continue:

I want to only change the mailing address or the care of address. Complete Section 1.
 I want to only change the exemption status on a parcel. Complete Section 2.
 I want to change both the mailing/care of address **and** the exemption status. Complete Sections 1 & 2.

SECTION 1: CHANGE OF ADDRESS FOR ASSESSMENTS AND TAX BILLS

Select one: mailing address c/o address

c/o Name (if applicable)			
New Mailing Address			
City	State	Zip Code	Country (International Address only)
Phone Number	Email Address		Preferred Method of Contact <input type="checkbox"/> USPS Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email
REASON FOR ADDRESS CHANGE			
<input type="checkbox"/> Use an alternate mailing address. The owner continues to reside at the site address above.			
<input type="checkbox"/> Temporary relocation to a licensed care facility in Hawaii. File Form BFS-RP-E-8-10.3A by September 30 preceding the applicable tax year to continue receiving the exemption. The parcel cannot be rented at any time during the temporary relocation.			
<input type="checkbox"/> Temporary address change due to: <input type="checkbox"/> Sabbatical or Temporary Work Assignment or Deployment <input type="checkbox"/> Fire Damage <input type="checkbox"/> Renovation File Form BFS-RP-E-8-10-3B by September 30 preceding the applicable tax year to continue receiving the exemption. The parcel cannot be rented at any time during the temporary relocation.			
<input type="checkbox"/> Separation, pending divorce, or living apart from spouse. File Form BFS-RP-E-8-10.3 for a new claim.			
<input type="checkbox"/> Other, please explain:			

SECTION 2: CHANGE OF EXEMPTION STATUS ON A PARCEL

Exemption Type Being Affected (Home, Disability, Charitable, etc.): _____

REASON THIS PARCEL NO LONGER QUALIFIES FOR AN EXEMPTION

The sale or transfer of a parcel, including the transfer from a person to a trust.

Effective Date: _____

A parcel has been rented out or vacated and is no longer the claimant's principal home.

Effective Date: _____

Death of an exemption claimant. Name of the deceased: _____

Social Security Number: _____ Date of Birth: _____ Date of Death: _____

Other, please explain: _____
(e.g., lease term has expired, business address change, etc.)

INSTRUCTIONS

1. Any changes in the facts affecting an exemption must be reported to Real Property Assessment Division within 30 days.
2. This form cannot be filed by fax or email.
3. Submittals by hand or USPS delivery are accepted at one of the addresses below.
4. For a received copy, submit with a self-addressed stamped envelope, or send by certified registered mail, or certificate of mailing, and retain the receipt for your records.
5. For questions, email bfsrpmailbox@honolulu.gov or call (808) 768-3799.

Real Property Assessment Division
842 Bethel Street, Basement
Honolulu, HI 96813

Real Property Assessment Division
1000 Ulu'ohi'a Street #206
Kapolei, HI 96707

Certification and Acknowledgement

I hereby certify that the information provided in this form and supporting documents is true and accurate to the best of my knowledge. I acknowledge that I have read and followed the instructions for completing this form.

Print Name

Signature

Date

FOR OFFICIAL USE ONLY

For Tax Year: _____ Received By: _____

Received U.S. Postmarked: _____

Attachment Certificate of Death Power of Attorney Certification of Trust or Trust Document

Property Management Agreement Court Order Letter of Authorization