

CITY AND COUNTY OF HONOLULU
DEPARTMENT OF BUDGET AND FISCAL SERVICES
DIVISION OF TREASURY

Claim No. _____
Date Received _____

TAX CREDIT FOR SEPTIC TANK TO REPLACE HOUSEHOLD CESSPOOL

PROPERTY INFORMATION

1. Property Owner _____
2. Property Address _____

3. City/State/Zip/TMK _____

City	State	Zip Code	Phone Number
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4. Tax Map Key No. _____

MAILING INFORMATION

5. Street Address _____

6. City/State/Zip/Phone _____

City	State	Zip Code
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PLEASE ANSWER THE FOLLOWING QUESTIONS

YES NO

7. IS THERE A PLAN FOR A SEWER IMPROVEMENT DISTRICT BY THE DEPARTMENT OF ENVIRONMENTAL SERVICES TO BE ESTABLISHED WITHIN THE NEXT TEN YEARS? YES NO
8. IS THIS CONVERSION REQUIRED BY THE STATE OF HAWAII, DEPARTMENT OF HEALTH, AS A CONDITION OF EXPANDING THE SIZE OF THE DWELLING/DWELLINGS? YES NO
9. LIST BELOW THE INVOICES OF ELIGIBLE COSTS (**INVOICES MUST BE DATED AFTER FEBRUARY 9, 2005**)

a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
10. **TOTAL** _____

ATTACH THE FOLLOWING TO THE APPLICATION

11. INVOICES FOR THE INSTALLATION OF THE SEPTIC TANK.
12. COPY OF THE BUILDING PERMIT.
13. COPY OF THE LETTER FROM THE DEPARTMENT OF HEALTH, STATE OF HAWAII, AUTHORIZING THE USE OF THE SEPTIC TANK.

CERTIFICATION

UNDER PENALTIES OF PERJURY, I CERTIFY THAT (1) THE INSTALLMENT OF THE SEPTIC TANK HAS BEEN SUCCESSFULLY COMPLETED, THE SEPTIC TANK IS OPERATIONAL AND THE CESSPOOL HAS BEEN PERMANENTLY SEALED AND (2) THE FOREGOING IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE

SIGNATURE

DATE

FOR OFFICIAL USE ONLY

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|--|----|
| A. Enter 50% for Line 10 above. | \$ |
| B. Enter amount of Real Property Tax for the applicable tax year. | \$ |
| C. If A is greater than B, enter \$100 (minimum tax) | \$ |
| D. If B is greater than A, enter the amount from B less the amount from A but not less than \$100. | \$ |