

State of Hawaii
Department of Land and Natural Resources
Land Division

REQUEST FOR NAME/ADDRESS CHANGE FORM

Instructions: The legal tenant must sign this form. Upon completion, return to:

Department of Land and Natural Resources
Land Division – Central Processing
1151 Punchbowl Street, Room 220
Honolulu, Hawaii 96813; Fax no. (808) 312-6357

I. GENERAL INFORMATION

Document No. GL RP

Tenant Name: _____

II. MAIL BILLS TO:

Billing name: _____
Last name First Name

Billing address: _____
No. and Street

City State Zip Code

Phone numbers: () () ()
Work Home Cellular

() ()
Pager Fax E-mail address

III. MAIL CORRESPONDENCE TO:

Corresp. name: _____
Last name First Name

Corresp. address: _____
No. and Street

City State Zip Code

Phone numbers: () () ()
Work Home Cellular

() ()
Pager Fax E-mail address

IV. CHANGE TENANT NAME

Old Name:

Last name

First Name

New Name:

Last name

First Name

Type of Name Change:

(Please note that certain transfers of interest are not considered "name changes" and may require consent or other approval from the Board of Land and Natural Resources.)

☐ Marriage (attach marriage certificate)

☐ Divorce (attach divorce decree)

☐ Death (attach death certificate)

☐ Corporate name change (attach applicable form filed with DCCA)

If this name change was a result of a merger, acquisition or any change in ownership or exchange of stocks, please indicate type and nature:

V. CERTIFICATION

I hereby certify that I am the legal tenant of the above referenced lease, permit or other agreement or I am an authorized representative of the legal tenant and, if there are multiple tenants on this lease, I have received the consent of each and every tenant to change the above information.

Printed Name

Signature

Title (if corporation)

Telephone no.: _____

Dated: _____