GEOTHERMAL RELOCATION PROGRAM
CERTIFICATION OF PROPERTY OWNER

Tax Map Key Number:_____ **Date:**_____

I CERTIFY, SWEAR AND AFFIRM THAT:

I am the owner of the above referenced property;

The above referenced property is within a one (1) mile radius of the Puna Geothermal Venture facility;

The dwelling is a permitted structure and has been inspected and finalized by the County of Hawai'i Department of Public Works, Building Division;

I occupy the above referenced property as my primary residence;

Improvements upon the above referenced property conform with applicable State and County laws, codes, ordinances, rules and regulations; and

I wish to relocate and sell my property to the County of Hawai'i under the Geothermal Relocation Program.

I understand that in the event that funds are initially insufficient to purchase all of the dwellings and properties, those purchased before October 3, 1989 followed by those located closest to the Puna Geothermal Venture facility shall be negotiated first.

_____ _____

Signature Print Name

_____

Mailing Address

_____ _____

Telephone Number Email address

STATE OF HAWAI'I_____)
) SS.
COUNTY OF HAWAI'I_____)

I, undersigned, a Notary Public in and for said State of Hawai'i, hereby certify that _____, is signed to the foregoing certification, and who is known to me, swore and acknowledged before me on this day that, being informed of contents and the penalties of perjury, he/she swore to and executed the same voluntarily on the day the same bears date.

GIVEN under my hand and official seal of office, this _____ day of _____20___.

_____

Notary Public

My Commission Expires: _____