



**DEPARTMENT OF BUSINESS,  
ECONOMIC DEVELOPMENT & TOURISM  
Enterprise Zones Partnership Program**

**ANNUAL CLAIM FOR ENTERPRISE ZONE BENEFITS IN THE EVENT OF A  
FORCE MAJEURE EVENT** Section 209E-14, Hawaii Revised Statutes

**Date:** \_\_\_\_\_

Part A-GENERAL INFORMATION		
Producer's name:		Producer's address:
Telephone number:		Email address:
Part B-NOTICE OF LOSS		
Crop(s) name:		
What force majeure event(s) caused the loss?	Beginning date of event : (MM-DD-YYY)	Estimated end date of being affected from the event, to restart program: (MM-DD-YYY)
Total crop acreage:		Affected acreage:
Explain how your company was affected by a force majeure event.		
Market value of all crop(s) not affected by the force majeure event:	Estimated loss of income:	
Today's Date (MM-DD-YYYY):	Signature	
<i>By signing above, I authorize the University of Hawaii College of Tropical Agriculture and Human Resources (CTAHR), the State of Hawaii and the respective County to inspect my place of business.</i>		
DO NOT FILL-(to be completed by CTAHR)		
<b>OPTIONAL</b>	Date of assistance:	Name of Agriculture Extension Agent (Please print):

<b>FOR OFFICIAL USE ONLY</b>	
COUNTY: DATE RECEIVED _____	COUNTY:APPROVED _____ (please initial)

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