



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

CLAIM FOR ENTERPRISE ZONE BENEFITS IN THE EVENT OF A NATURAL DISASTER
Section 209E, Hawaii Revised Statutes

Part A-GENERAL INFORMATION		
Producer's name:	Producer's address:	
Telephone number:	Email address:	
Part B-NOTICE OF LOSS		
Crop(s) name		
What disaster 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 you were affected by the natural disaster.		
Market value of all crop(s) if not affected by the natural disaster:	Estimated loss of income:	
Part C-CERTIFICATION		
Today's Date (MM-DD-YYYY):	Signature	
DO NOT FILL-(to be completed by CTAHR)		
Date of on-site inspection (MM-DD-YYYY)	Verified by (Signature):	

Submit to: **DBEDT-EZ Program**
P.O. Box 2359, Honolulu, Hawaii 96804
Telephone: (808) 586-2593 Fax: (808) 586-2589

Email: mmuraoka@dbedt.hawaii.gov