

STATE OF HAWAII
DEPARTMENT OF HAWAIIAN HOME LANDS

Leave of Absence

Hawaiian Homes Commission
P. O. Box 1879
Honolulu, Hawaii 96805

Dear Commissioners:

I will be absent from my homestead for the period beginning _____ and ending _____.

The reason for my absence is:

This will affect the following lot(s) and lease(s):

| <u>Lot No.:</u> | <u>Lease No.:</u> | <u>Area/Island:</u> |
|-----------------|-------------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The person who will care for and reside on my homestead in my absence is _____, who is my _____.
(Person's Name) (Relationship to lessee)

Temporary Mailing Address & Phone
Numbers

Caretakers Address & Phone
Numbers:

(R) _____ (B) _____

(R) _____ (B) _____

(Signature)

(Date)

(Print Name)

(Staff)