SUBDIVISION ANNUAL REPORT FORM

State of Hawaii

Access this form via website at: **hawaii.gov/dcca/pvl**

Name of Subdivision: _____

Registration No.: _____

Name of Subdivider: _____

Lots: Original number of lots . . . . . _____

No. of deeds delivered . . . . . _____

No. of sales in escrow . . . . . _____

No. of lots remaining . . . . . _____

Have there been any material changes to information you have filed with the Department? . . . . . ◯ YES ◯ NO

(*If "yes", please list the changes, and submit a black-lined amended public offering statement*)

Attach a current financial statement prepared by a registered public accountant or certified public accountant.

This form has been completed by:

_____ Signature

_____ Date

_____ Print Name

_____ Title

_____ Phone No.

Return to:

Subdivision Program
Dept. of Commerce and Consumer Affairs
Professional and Vocational Licensing Division
P. O. Box 3469
Honolulu, HI 96801

This material can be made available for individuals with special needs. Please call the Executive Officer at (808) 586-2709 to submit your request.