

**STATE OF HAWAII  
DEPARTMENT OF TRANSPORTATION  
HARBORS, KAUAI DISTRICT**

**PARKING CANCELLATION REQUEST**

Notification of cancellation must be received in writing by the Department at least thirty (30) days in advance of the effective date. All decals and/ or tags must be returned to the District Office. Refunds will not be processed for receipt of late notices.

Please submit your completed application to [dot.har-k@hawaii.gov](mailto:dot.har-k@hawaii.gov) or call the District Office at (808) 241-3750 for further instructions. Please reference 'Cancellation Request' and your full name on the email subject line.

**PART I – APPLICANT INFORMATION**

Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer/Company: \_\_\_\_\_ Bus. Phone No.: \_\_\_\_\_

Business Address \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

I am hereby requesting the cancellation of my parking privilege effective as of: \_\_\_\_\_

Reason for Cancellation: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**PART II – (FOR HARBORS DIVISION USE ONLY)**

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
HAR-K Harbor Staff