NOTICE TO REQUESTER					
TO: FROM:	(Agency/name & telephone nu	mber of contact person at agen	acy)		
•	JEST RECEIVED: HIS NOTICE:				
GOVERNME 1. 2. 3. 4.	NT RECORDS YOU REQU	JESTED (attach copy of req	uest or provide brief description below):		
NOTICE IS I	PROVIDED TO YOU THAT	YOUR REQUEST:			
=	and provide the following in	the records. (HRS § 92F-3) naintain records: cription or clarification of the	le records requested. Please contact the agency		
based up	<u> </u>	· ·	d/or § 92F-22 and other laws cited below.		
RECORDS OR INFORMATION WITHHELD		APPLICABLE STATUTES	AGENCY JUSTIFICATION		

REQUESTER'S RESPONSIBILITIES:

You are required to (1) pay any lawful fees assessed; (2) make any necessary arrangements with the agency to inspect, copy or receive copies as instructed below; and (3) provide the agency any additional information requested. If you do not comply with the requirements set forth in this notice within 20 business days after the postmark date of this notice or the date the agency makes the records available, you will be presumed to have abandoned your request and the agency shall have no further duty to process your request. Once the agency begins to process your request, you may be liable for any fees incurred. If you wish to cancel or modify your request, you must advise the agency upon receipt of this notice.

METHOD & TIMING OF DISCLOSURE:

Records available for public access in their entireties must be disclosed within a reasonable time, not to exceed 10 business days, or after receipt of any prepayment required. Records not available in their entireties must be disclosed within 5 business days after this notice or after receipt of any prepayment required. If incremental disclosure is authorized by HAR § 2-71-15, the first increment must be disclosed within 5 business days of this notice or after receipt of any prepayment required.

Metho	d of Disclosure:		
	Available for pick-u Will be mailed to yo	record(s) will be provided in the following manner: up at the following location:	
Timing	g of Disclosure: All record	s, or first increment where applicable, will be made	e available or provided to you:
	On, 2	20 f fees and 100% of costs, as estimated below.	
For inc	The prior increment Receipt of each increment Request receipt Request receipt Request receipt Request requirement Representation Agency requirement Agency requirement Agency requirement Agency requirement Receipt Receipt Request receipt Request receipt R	tubsequent increment will be disclosed within 20 but (if one prepayment of fees is required and receive remental prepayment, if prepayment for each increments because the records are voluminous arexist: est consult with another person to determine whether sure under HRS chapter 92F. quires extensive agency efforts to search, review, or repare the records for inspection or copying. The united additional time to respond to the request in or the interference with its other statutory duties and its isaster or other situation beyond agency's control put to the request within 10 business days.	d), or ment is required. Indicate the following er the record is exempt segregate the records or or rder to avoid an functions.
ESTIN	MATED FEES & COSTS	S:	
For per	sonal record requests, the a	gency may charge you for its costs only, and fee wa	ivers do not apply.
your re for gen	quest (even if no record is s	ency is authorized to charge you certain fees to so subsequently found to exist). The agency must want t \$60 in fees when the agency finds that the reques	ive the first \$30 in fees assessed
		y also charge you for the costs of copying and del , outstanding fees and costs from a prior request, a	
process		nt of 50% of the total estimated fees and 100% of twing is the estimate of the fees and costs that the discontinuous costs that the discontinuous costs are the fees and costs that the discontinuous costs are the fees and costs that the discontinuous costs are the fees and costs are the fees are the fees and costs are the fees are the fees and costs are the fees are	-
For pu	blic record requests only	<u>z</u> :	
Fees:	Search	Estimate of time to be spent: hours	\$
	Review & segregation	(\$2.50 for each 15-minute period) Estimate of time to be spent: hours	\$
	Fees waived	(\$5.00 for each 15-minute period) general (\$30), OR public interest (\$60)	<\$>
	Other	(Pursuant to HAR §§ 2-71-19 & 2-71-31)	\$
	Total Estimated Fees:	(1 arouant to francy 2-11-13 & 2-11-01)	e
	Total Estimated Fees:		\$ OIP (rev. 5/8/2014)

For all record requests:							
Costs:	Copying	Estimate of # of pages to be copied: (@ \$ per page, pursuant to HRS § 92-21)	\$				
	Delivery	Postage	\$				
	Other		\$				
	Total Estimated Costs :		\$				
	PREPAYMENT IS REQUESTANT Payment may be made by	UIRED (50% of fees + 100% of costs, as estimated above) cash or: personal check payable to other	\$				
	The estimated fees and costs above are for the first incremental disclosure only. Also, only one waiver will be allowed per request, not per incremental disclosure.						
	For questions about this notice, please contact the person named at the beginning of this form. Questions regarding compliance with the UIPA may be directed to the Office of Information Practices at 808-586-1400 or oip@hawaii.gov.						

OIP (rev. 5/8/2014)