NOTICE TO REQUESTER							
TO:	R. Brian Black						
	(Requester's name)						
FROM:	State of Hawaii Department of Human Services, Amanda Stevens, 586-4892, astevens@dhs.hawaii.gov						
	(Agency, and agency contact person's name, telephone number, & email address)						
DATE THAT	THE RECORD REQUEST V	VAS RECEIVED BY AGENCY:	November 8, 2019				
DATE OF TH	DATE OF THIS NOTICE: November 22, 2019						
The UIP received	A Record Request Log(s) use	ESTED (attach copy of request or produced by the Department of Human SD, 2019. I am seeking the underly inster	Services to track record requests				
THIS NOTIC	CE IS TO INFORM YOU T	HAT YOUR RECORD REQUES	ST:				
Will be g	granted in its entirety.						
Respon	se: The logs are attached to t	this accompanying email.					
Cannot be granted. Agency is unable to disclose the requested records for the following reason:  Agency does not maintain the records. (HRS § 92F-3)  Other agency that is believed to maintain records:  Agency needs further clarification or description of the records requested. Please contact the agency and provide the following information:  Request requires agency to create a summary or compilation from records, but requested information is not readily retrievable. (HRS § 92F-11(c))							
Will be granted in part and denied in part, <u>OR</u> ☐ Is denied in its entirety Although the agency maintains the requested records, it is not disclosing all or part of them based on the exemptions provided in HRS § 92F-13 and/or § 92F-22 or other laws cited below. (Describe the portions of records that the agency will not disclose.)							
RECORDS OR INFORMATION WITHHELD		APPLICABLE STATUTES	AGENCY <u>JUSTIFICATION</u>				
REQUESTE	R'S RESPONSIBILITIES:						
to inspect, copy If you do not co this notice or that and the agency	or receive copies as instructed by mply with the requirements set the date the agency makes the reshall have no further duty to proprany fees and costs incurred. I	costs assessed; (2) make any necessary and (3) provide the agency any thorth in this notice within 20 busines cords available, you will be presume ocess your request. Once the agency of you wish to cancel or modify your re	additional information requested. ess days after the postmark date of ed to have abandoned your request begins to process your request, you				

## **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 from the date the request was received, 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. HAR § 2-71-13(c). 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.

metn	lod of Disclosure:
	Inspection at the following location:  As requested, a copy of the record(s) will be provided in the following manner:  Available for pick-up at the following location:  Will be mailed to you.  Will be transmitted to you by other means requested:
Timir	ng of Disclosure: All records, or the first increment if applicable, will be made available or provided to you:
	On, 20 <b>After prepayment</b> of 50% of fees and 100% of costs, as estimated below.
For ir	The prior incremental prepayment of fees is required and received), or Receipt of each incremental prepayment, if prepayment for each increment is required.
	Records will be disclosed in increments because the records are voluminous and the following extenuating circumstances exist:
	Agency must consult with another person to determine whether the record is exempt from disclosure under HRS chapter 92F.
	Request requires extensive agency efforts to search, review, or segregate the records or otherwise prepare the records for inspection or copying.
	Agency requires additional time to respond to the request in order to avoid an unreasonable interference with its other statutory duties and functions.
	Anatural disaster or other situation beyond agency's control prevents agency from responding to the request within 10 business days.

## ESTIMATED FEES & COSTS AND PAYMENT:

FEES: For personal record requests under Part III of chapter 92F, HRS, the agency may charge you for its costs only, and fee waivers do not apply.

For public record requests under Part II of chapter 92F, HRS, the agency is authorized to charge you fees to search for, review, and segregate your request (even if a record is subsequently found to not exist or will not be disclosed in its entirety). The agency must waive the first \$30 in fees assessed for general requesters, OR in the alternative, the first \$60 in fees when the agency finds that the request is made in the public interest. Only one waiver is provided for each request. See HAR §§ 2-71-19, -31 and -32.

COSTS: For either personal or public record requests, the agency may charge you for the costs of copying and delivering records in response to your request, and other lawful fees and costs.

PREPAYMENT: The agency may require prepayment of 50% of the total estimated fees and 100% of the total estimated costs prior to processing your request. If a prepayment is required, the agency may wait to start any search for or review of the records until the prepayment is received by the agency. Additionally, if you have outstanding fees or costs

_	-	g abandoned requests, the agency may require prore it begins any search or review for the records		_		
		of what you must pay, based on the estimated licable waiver amount that will be deduct		dcoststhattheagency		
For p	ublic record requests	only:				
Fees:	Search	Estimate of time to be spent:hours (\$2.50 for each 15-minute period)	\$			
	Review & segregation	Estimate of time to be spent: hours (\$5.00 for each 15-minute period)	\$			
	Feeswaived	☐ general (\$30), OR ☐ public interest (\$60) (Only one waiver per request)	<\$ <u></u>	_>		
	Other	(Pursuant to HAR §§ 2-71-19 & 2-71-31)	\$			
	Total Estimated Fees:			\$0		
For p	ublic or personal reco	rd requests:				
Costs	Copying	Estimate of # of pages to be copied:	\$			
	Delivery	Postage	\$			
	Other		\$			
	Total  Estimated  Costs:			\$		
TOTAI	LESTIMATED FEES AN	D COSTS from above:		<b>\$0</b>		
		costs above are for the first incremental disc ner fee waivers, will apply to future incren		-		
	PREPAYMENT IS REQ	\$				
	UNPAID BALANCE FROM PRIOR REQUESTS (100% must be paid before work begins) \$					
тот	AL AMOUNT DUEAT	THIS TIME		<b>\$0</b>		
	Payment may be made by:	cash personal check payable to other				
beginn record the rec questi	ning of this form. Please is of other agencies, and a cords. If the agency denie cons regarding complian	or the records being sought, please contact the note that the Office of Information Practice a requester must seek records directly from the sor fails to respond to your written request the with the UIPA, then you may contact Street, Suite 107, Honolulu, Hawaii 968	es (OIP) ne agenc for recor cact OII	does not maintain the y it believes maintains ds or if you have other		
				OIP (rev. 12/1/2015)		