NOTICE TO REQUESTER					
TO:	(Requester's name)				
FROM:	(Agency, and agency contact personal (Agency)	on's name, telephone numbe	r, & email address)		
DATE THAT	THE RECORD REQUEST V	WAS RECEIVED BY A	GENCY:		
DATE OF TH	HIS NOTICE:				
GOVERNME 1. 2. 3. 4.	NT RECORDS YOU REQUES	STED (attach copy of requ	est or provide brief description below):		
	E IS TO INFORM YOU THAT ranted in its entirety.	YOUR RECORD REQ	UEST:		
Cannot b	Agency does not maintain the a Other agency that is believed the Agency needs further clarificate and provide the following information	records. (HRS § 92F-3) to maintain records: tion or description of the r rmation: eate a summary or compile	records requested. Please contact the agency		
Althor on the		e requested records, it S § 92F-13 and/or § 92F	is not disclosing all or part of them based -22 or other laws cited below.		
RECORDS OR INFORMATI	ON WITHHELD	APPLICABLE STATUTES	AGENCY JUSTIFICATION		

## REQUESTER'S RESPONSIBILITIES:

You are required to (1) pay any lawful fees and costs 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 and costs 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 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.

Meth	od 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 Clarification requested for Request 1.					
	After prepayment of 50% of fees and 100% of costs, as estimated below.					
For ii	The prior increment (if one 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.					
	A natural 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 prepayment of 100 e it begins any search or review for the records you are now seeking	_			
	_	of what you must pay, based on the estimated fees and costs able waiver amount that will be deducted:	that the agency			
For pu	ublic record requests onl	<u>y</u> :				
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)				
	Fees waived	general (\$30), <u>OR</u> public interest (\$60) <\$>  (Only one waiver per request)				
	Other	(Only one waiver per request)  (Pursuant to HAR §§ 2-71-19 & 2-71-31)				
	Total Estimated Foor					
	Total Estimated Fees:	\$				
For public or personal record requests:						
Costs:	Copying	Estimate of # of pages to be copied: \$ (@ \$ per page, pursuant to HRS § 92-21)				
	Delivery	Postage \$				
	Other	\$				
	<b>Total Estimated Costs</b> :	\$				
TOTA	\$					
	The estimated fees and costs above are for the first incremental disclosure only. Additional fees and costs, and no further fee waivers, will apply to future incremental disclosures.					
	PREPAYMENT IS REQ	\$				
	UNPAID BALANCE FR	\$				
TOT	TOTAL AMOUNT DUE AT THIS TIME \$					
	Payment may be made by:	cash personal check payable to other				
For questions about this notice or the records being sought, please contact the agency person named at the beginning of this form. Please note that the Office of Information Practices (OIP) does not maintain the records of other agencies, and a requester must seek records directly from the agency it believes maintains the records. If the agency denies or fails to respond to your written request for records or if you have other questions regarding compliance with the UIPA, then you may contact OIP at (808) 586-1400, oip@hawaii.gov, or 250 South Hotel Street, Suite 107, Honolulu, Hawaii 96813.						
		OIP (rev.	12/1/2015)			