

# NOTICE TO REQUESTER

TO: Mr. Brian Black  
FROM: Carlotta Amerino  
Staff Attorney  
Office of Information Practices (808) 586-1400

DATE REQUEST RECEIVED: 11/14/17  
DATE OF THIS NOTICE: 11/28/17

**GOVERNMENT RECORDS YOU REQUESTED** (attach copy of request or provide brief description below):

Communications, if any, within the last six months between OIP and City Council (or its representatives) regarding the process or requirements for amending an agenda at a meeting of the City Council.

**NOTICE IS PROVIDED TO YOU THAT YOUR REQUEST:**

- Will be granted in its entirety.
- Cannot be granted in its entirety because:
- Agency does not maintain the records. (HRS § 92F-3)  
Agency that is believed to maintain records: \_\_\_\_\_
  - Agency needs a further description or clarification of the records requested. Please contact the agency and provide the following information: \_\_\_\_\_
  - Request requires agency to create a summary or compilation from records not readily retrievable. (HRS § 92F-11(c))
- Is denied in its entirety       Will be granted only as to certain parts  
based upon the following exemption provided in HRS § 92F-13 and/or § 92F-22 and other laws cited below.  
(Portions of records that agency will not disclose should be described.)

<u>RECORDS OR INFORMATION WITHHELD</u>	<u>APPLICABLE STATUTES</u>	<u>AGENCY JUSTIFICATION</u>
<u>Email address of an appellant who asked to remain anonymous.</u>	<u>HRS § 92F-13(1), -(3)</u>	<u>To protect any privacy interests of the appellant, and to avoid the frustration of OIP's legitimate government function of resolving Sunshine Law complaints.</u>

**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.

**Method 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: email.

**Timing of Disclosure:** All records, or first increment where applicable, will be made available or provided to you:

- On November 28, 2017.
- After prepayment of 50% of fees and 100% of costs, as estimated below.

For incremental disclosures, each subsequent increment will be disclosed within 20 business days after:

- 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.

Disclosure is being made 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:**

For personal record requests, the agency may charge you for its costs only, and fee waivers do not apply.

For public record requests, the agency is authorized to charge you certain fees to search for, review, and segregate your request (even if no record is subsequently found to exist). The agency must waive the first \$30 in fees assessed for general requesters, OR the first \$60 in fees when the agency finds that the request is made in the public interest. See HAR §§ 2-71-19, -31 and -32.

In addition to fees, the agency may also charge you for the costs of copying and delivering government or personal records in response to your request, outstanding fees and costs from a prior request, and other lawful fees and costs.

The agency may require prepayment of 50% of the total estimated fees and 100% of the total estimated costs prior to processing your request. The following is the estimate of the fees and costs that the agency will charge you, with the applicable waiver amount deducted:

**For public record requests only:**

<b>Fees:</b> Search	Estimate of time to be spent: <u>1.5</u> hours ( <small>\$2.50 for each 15-minute period</small> )	\$ 15
Review & segregation	Estimate of time to be spent: <u>.25</u> hours ( <small>\$5.00 for each 15-minute period</small> )	\$ 5
Fees waived	<input checked="" type="checkbox"/> general (\$30), OR <input type="checkbox"/> public interest (\$60)	<\$ <u>30</u> >
Other	_____	\$

(Pursuant to HAR §§ 2-71-19 & 2-71-31)

**Total Estimated Fees:** \$ 0

**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:** \$ 0

**PREPAYMENT IS REQUIRED** (50% of fees + 100% of costs, as estimated above) \$  
Payment may be made by 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.