		NOTICE TO REQ	UESTER
TO:	Grassroot Institute (request+pezbmh4eww@ (Requester's name)		
FROM:	Shanna Sakagawa, P Phone: (808) 586-179	nt System of the State of Hawa Program Specialist 91, Email: shanna.sakagawa@l act person's name, telephone number,	hawaii.gov
DATE THAT	Г THE RECORD REQU	JEST WAS RECEIVED BY AG	ENCY: <u>11 August 2021</u>
DATE OF T	HIS NOTICE: 24 Augus	st 2021	
GOVERNME	ENT RECORDS YOU RE	EQUESTED (attach copy of reques	et or provide brief description below):
Copies of do	cuments sufficient to sho	ow total amounts for death over p	payments between FY 2016 – 2021.
THIS NOTIC	CE IS TO INFORM YOU	THAT YOUR RECORD REQUI	EST:
_		_	ed records for the following reason:
		ain the records. (HRS § 92F-3) lieved to maintain records:	
	Agency needs further cl and provide the following	-	cords requested. Please contact the agency
		y to create a summary or compilati	ion from records, but requested information
Altho on th	e exemptions provided	· /	
RECORDS OR INFORMATION 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

OIP (rev. 12/1/2015)

-	2-71-13(c). If incremental disclosure is authorized by HAR § 2-71-15, the first increment must be disclosed 5 business days of this notice or after receipt of any prepayment required.
	d 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 emailed to you. Will be transmitted to you by other means requested:
Timing	g of Disclosure: All records, or the first increment if applicable, will be made available or provided to you:
	On, 20 After prepayment of 50% of fees and 100% of costs, as estimated below.
For in	cremental 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.
	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.

in their entireties must be disclosed within 5 business days after this notice or after receipt of any prepayment required.

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 from previous requests, including abandoned requests, the agency may require prepayment of 100% of the unpaid balance from prior requests before it begins any search or review for the records you are now seeking.

The following is an itemization of what you must pay, based on the estimated fees and costs that the agency will charge you and the applicable waiver amount that will be deducted:

For public record requests only:								
Fees:	Search	Estimate of time to be spent: 4.00 hours (\$2.50 for each 15-minute period)	\$ 40.00					
	Review & segregation	Estimate of time to be spent: 1.00 hours	\$ _20.00					
	Fees waived	(\$5.00 for each 15-minute period) ⊠ general (\$30), OR □ public interest (\$60) <	<\$ 30.00 >					
	0.1	(Only one waiver per request)						
	Other	(Pursuant to HAR §§ 2-71-19 & 2-71-31)						
	Total Estimated Fees:		\$ <u>30</u> .	00				
For pu	ablic or personal record	requests:						
Costs:	Copying	Estimate of # of pages to be copied: 1 (@ \$05 per page, pursuant to HRS § 92-21)	\$.05					
	Delivery	Postage	\$					
	Other		\$					
	Total Estimated Costs: \$.05							
TOTA	L ESTIMATED FEES AN	D COSTS from above:		\$ 30.05				
	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.							
\boxtimes	PREPAYMENT IS REQ	above)	\$ 15.05					
	UNPAID BALANCE FR	ore work begins)	\$					
TOTAL AMOUNT DUE AT THIS TIME								
	Payment by check made payable to: <u>Employees' Retirement System of the State of Hawaii</u> (Please enclose a copy of this Notice with your payment.)							
beginn record the rec questi	ning of this form. Please s of other agencies, and a cords. If the agency deni ons regarding complia	e or the records being sought, please contact the note that the Office of Information Practice a requester must seek records directly from these or fails to respond to your written request fince with the UIPA, then you may contact the Hotel Street, Suite 107, Honolulu, Hawaii 968	s (OIP) does not be agency it belief for records or if act OIP at (8	t maintain the eves maintains you have other				