

# NOTICE TO REQUESTER

TO: **R. Brian Black** <[request+6a6tn2f4hu@foi.uipa.org](mailto:request+6a6tn2f4hu@foi.uipa.org)>  
(Requester's name)

FROM: **Hawai'i Department of Agriculture, Janelle Saneishi, (808) 973-9560, hdoa.info@hawaii.gov**  
(Agency, and agency contact person's name, telephone number, & email address)

DATE THAT THE RECORD REQUEST WAS RECEIVED BY AGENCY: Nov. 16, 2021

DATE OF THIS NOTICE: Nov. 23, 2021

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

1. The UIPA Record Request Log(s) used by the Animal Industry Division to track record requests received from July 1, 2020 to June 30, 2021.

**THIS NOTICE IS TO INFORM YOU THAT YOUR RECORD REQUEST:**

**Will be granted in its entirety.**

**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, OR**  **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  
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.

**Method of Disclosure:**



Review & segregation	Estimate of time to be spent: <u>.25</u> hours (\$5.00 for each 15-minute period)	\$ <u>5.00</u>
Fees waived	<input checked="" type="checkbox"/> general (\$30), <b>OR</b> <input type="checkbox"/> public interest (\$60) (Only one waiver per request)	<\$ <u>30.00</u> >
Other	_____	\$
	(Pursuant to HAR §§ 2-71-19 & 2-71-31)	
<b>Total Estimated Fees:</b>		\$ <u>0.00</u>

**For public or personal record requests:**

<b>Costs:</b> Copying	Estimate of # of pages to be copied: <u>2</u> (@ \$.05 per page, pursuant to HRS § 92-21)	\$	waived
Delivery	Postage	\$	
Other	_____	\$	
<b>Total Estimated Costs:</b>		\$	waived

**TOTAL ESTIMATED FEES AND COSTS from above:** \$ **waived**

- 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 REQUIRED** (50% of fees + 100% of costs, as estimated above) \$
- UNPAID BALANCE FROM PRIOR REQUESTS** (100% must be paid before work begins) \$

**TOTAL AMOUNT DUE AT THIS TIME** \$ **0.00**

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](mailto:oip@hawaii.gov), or 250 South Hotel Street, Suite 107, Honolulu, Hawaii 96813.