NOTICE TO REQUESTER

TO: Corinne Solomon

(Requester's name)

FROM: Elections Division, Office of the County Clerk

(Agency, and agency contact person's name, telephone number, & email address)

DATE THAT THE RECORD REQUEST WAS RECEIVED BY AGENCY: January 15, 2022

DATE OF THIS NOTICE: January 28, 2022

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

List of all voting, scanning, signature verification, and other pertinent equipment used in the 2020 General Election. Include make and model numbers where applicable.

- Hart Intercivic eScan paper ballot scanner
- Hart Intercivic Direct Recording Electronic eSlate with verifiable ballot option
- Hart Intercivic voting system ballot tabulation and result generation software
- Runbeck Agilis Duo envelope scanner/sorter

THIS NOTICE IS TO INFORM YOU THAT YOUR RECORD REQUEST:

	Will be g	ranted in its entirety.					
	Cannot b	Agency does not maint Other agency that is be Agency needs further of and provide the following	ain the records. (HRS § 92F-3) elieved to maintain records:elarification or description of the reng information:ey to create a summary or compila	ed records for the following reason: ecords requested. Please contact the agency tion from records, but requested information			
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 be 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.)							
	CORDS OR FORMATI	CON WITHHELD	APPLICABLE STATUTES	AGENCY JUSTIFICATION			

REQUESTER'S RESPONSIBILITIES:

N/A

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:

-	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.					
Metho	d of Disclosure:					
	Inspection at the following location:					
Timing	g of Disclosure: All records, or the first increment if applicable, will be made available or provided to you:					
	On <u>01/28/2022</u> . After prepayment of 50% of fees and 100% of costs, as estimated below.					
For in	remental 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.					

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.

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.

	_	eable waiver amount that will be deducted:	that the agency		
For pr	ublic record requests on	ly:			
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 Fees :	\$0.00			
For p	ublic or personal record	requests:			
Costs:	Copying	Estimate of # of pages to be copied: \$ (@ \$ per page, pursuant to HRS § 92-21)			
	Delivery	Postage \$			
	Other	\$			
	Total Estimated Costs:				
TOTA	L ESTIMATED FEES AN	ID COSTS from above:	\$0.00		
		costs above are for the first incremental disclosure only. A er fee waivers, will apply to future incremental disclosures.	dditional fees		
	PREPAYMENT IS REQ	UIRED (50% of fees + 100% of costs, as estimated above)	\$		
	UNPAID BALANCE FROM PRIOR REQUESTS (100% must be paid before work begins				
TOT	AL AMOUNT DUE	AT THIS TIME	\$0.00		
	Payment may be made by	cash personal check payable to other			
begins record the re questi	ning of this form. Please Is of other agencies, and cords. If the agency den- tons regarding complia	e or the records being sought, please contact the agency person to that the Office of Information Practices (OIP) does not a requester must seek records directly from the agency it belies or fails to respond to your written request for records or if not with the UIPA, then you may contact OIP at (Hotel Street, Suite 107, Honolulu, Hawaii 96813.	ot maintain the ieves maintains you have other		
		OIP (rev.	12/1/2015)		