## NOTICE TO REQUESTER

(Use multiple forms if necessary)

		<u>ahan@honolulu.gov; 808-768-6135</u> )
DATE REQUEST RECEIVED: DATE OF THIS NOTICE:	3/24/2022 3/31/2022	
GOVERNMENT RECORDS YOU R.  1. See attached 2 3 4	EQUESTED (attach copy of reque	st or provide brief description below):
NOTICE IS PROVIDED TO YOU T	HAT YOUR REQUEST:	
Agency needs a further and provide the followant requires agence.  Is denied in its entirety	owing information:  cy to create a summary or compilat  Will be granted only as to o	records requested. Please contact the agency cion from records not readily retrievable.  certain parts
-	nption provided in HRS § 92F-13 y will not disclose should be describ	and/or § 92F-22 and other laws cited below ped in general terms).
RECORDS OR INFORMATION WITHHELD	APPLICABLE STATUTES	AGENCY JUSTIFICATION  ——— ———
DEGLIESTED'S DESDONSIDILITI		<del></del>

## 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 of 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:					
	Available for pick-will be mailed to you	record(s) will be provided in the following man up at the following location:	ner:		
Timing of Disclosure: All records, or first increment where applicable, will be made available or provided to you:					
	On 3/31/22.  After prepayment of fees and costs of \$ (50% of fees +100% of costs, as estimated below).  Payment may be made by cash or: personal check other				
For inc	The prior increment Receipt of each increment Receipt of each increment Disclosure is being made in extenuating circumstances  Agency mu from disclosure Request receipt Agency require unreasonal A natural of	subsequent increment will be disclosed within at (if one prepayment of fees is required and recremental prepayment required. In increments because the records are voluminor exist: It consult with another person to determine where under HRS chapter 92F. Inquires extensive agency efforts to search, review or epare the records for inspection or copying. In uires additional time to respond to the request of the interference with its other statutory duties disaster or other situation beyond agency's contact to the request within 10 business days.	nether the record is exempt w, or segregate the records or in order to avoid an and functions.		
ESTIN	MATED FEES & COSTS	S:			
subsequency fees who agency process	uently found to exist), but n en the agency finds that th may require prepayment of	rge you certain fees and costs to process nust waive the first \$30 in fees assessed for gene request made is in the public interest. See of 50% of the total estimated fees and 100% wing is the estimate of the fees and costs that it:	neral requesters and the first \$60 in e HAR §§ 2-71-19, -31 and -32. The of the total estimated costs prior to		
Fees:	Search	Estimate of time to be spent: <u>1 hour</u> (\$2.50 for each 15-minute period)	\$ <u>10.00</u>		
	Review & segregation	Estimate of time to be spent: 1 hour (\$5.00 for each 15-minute period)	\$ <u>20.00</u>		
	Fees waived	general (\$30) public interest (\$60)	<\$ <u>60.00</u> >		
	Other	(Pursuant to HAR § 2-7-31(B))	\$ <u>0.00</u>		
	<b>Total Estimated Fees:</b>		\$ <u>0.00</u>		
	Copying	Estimate of # of pages to be copied:	\$ <u>0.00</u>		
	Other	(@ \$ per page.)	\$ <u>0.00</u>		
	<b>Total Estimated Costs:</b>		\$ <u>0.00</u>		

For questions about this notice, please contact the person named above. Questions regarding compliance with the

OIP 4 (rev. 7/2/10)

UIPA may be directed to the Office of Information Practices at 808-586-1400 or oip@hawaii.gov.