| NOTICE TO REQUESTER | | | | | | |
|---|--|--|---------------------------------|--|--|--|
| TO: | Corinne Solomon (Requester's name) | | | | | |
| FROM: | · · · · · · · · · · · · · · · · · · · | aoka, (808) 453-VOTE (8683), electroname, telephone number, & email addre | _ | | | |
| DATE THAT THE RECORD REQUEST WAS RECEIVED BY AGENCY: July 13, 2022 (#770) | | | | | | |
| DATE OF TH | HIS NOTICE: July 26, 2022 | | | | | |
| GOVERNME | NT RECORDS YOU REQUESTE | ED (attach copy of request or provide | brief description below): | | | |
| "I hereby request one randomly chosen IP address that accesed the OLVR during the week of $8/8/2020$ - $8/14/2020$." | | | | | | |
| 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 needs further clarification or description of the records requested. Please contact the agency and provide the following information: | | | | | |
| | | a summary or compilation from reco | ords, but requested information | | | |
| We do not maintain the record requested for the time period indicated. | | | | | | |
| Althou on the | ugh the agency maintains the re | rt, <u>OR</u> Is denied in its entirequested records, it is not disclose 92F-13 and/or § 92F-22 or other lagency will not disclose.) | sing all or part of them based | | | |
| RECORDS OR INFORMATI | | PPLICABLE <u>FATUTES</u> | 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

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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:

Method 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.

| 04 01 2 18010841 01 | |
|---|---|
| Will be mailed to you. | |
| ng of Disclosure: All records, or the first increment if applicable, will be made available or prov | ided to you: |
| On, 20 After prepayment of 50% of fees and 100% of costs, as estimated below. | |
| The prior incremental disclosures, each subsequent increment will be disclosed within 20 business days a 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. | |
| extenuating circumstances exist: Agency must consult with another person to determine whether the record is exfrom disclosure under HRS chapter 92F. Request requires extensive agency efforts to search, review, or segregate the re 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. | cords or |
| | 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: g of Disclosure: All records, or the first increment if applicable, will be made available or provided in the prepayment of 50% of fees and 100% of costs, as estimated below. cremental disclosures, each subsequent increment will be disclosed within 20 business days a limit 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 extenuating circumstances exist: Agency must consult with another person to determine whether the record is exfrom disclosure under HRS chapter 92F. Request requires extensive agency efforts to search, review, or segregate the records requires 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 for the records agency's control prevents agency for the restriction or copying. |

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: ____ hours (\$2.50 for each 15-minute period) Estimate of time to be spent: hours Review & segregation (\$5.00 for each 15-minute period) Fees waived general (\$30), <u>OR</u> | public interest (\$60) <\$ _____> (Only one waiver per request) Other (Pursuant to HAR §§ 2-71-19 & 2-71-31) **Total Estimated Fees:** \$

For public or personal record requests:

Costs: Conving

| costs. | copying | (@ \$ per page, pursuant to HRS § 92-21) | Ψ | |
|--------------------------------|----------|--|----|----|
| | Delivery | Postage | \$ | |
| | Other | | \$ | |
| Total Estimated Costs : | | | | \$ |
| | | | | |

Estimate of # of pages to be copied.

TOTAL ESTIMATED FEES AND COSTS from above:

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

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, or 250 South Hotel Street, Suite 107, Honolulu, Hawaii 96813.

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