NOTICE TO REQUESTER							
TO:	Natalie Iwasa - request+yhz3cxshaa@foi.uipa.org						
	(Requester's name)						
FROM:							
	(Agency, and agency contact person's name, telephone number, & email address)						
DATE THAT	THE RECORD RE	QUEST WAS RECEIVED BY AGE	ENCY:				
DATE OF TH	IIS NOTICE:08-	17-2022					
	e Capital Asset Replace	REQUESTED (attach copy of request ement Program details, Attachment 2, c	• • •				
	E IS TO INFORM YO ranted in its entiret	OU THAT YOUR RECORD REQUE zy.	ST:				
Cannot b	Agency does not main Other agency that is Agency needs further and provide the follo	ntain the records. (HRS § 92F-3) believed to maintain records: r clarification or description of the reco wing information:	d records for the following reason: ords requested. Please contact the agency				
Request requires agency to create a summary or compilation from records, but requested informati is not readily retrievable. (HRS § 92F-11(c))							
Althou on the	igh the agency main exemptions provid	lenied in part, <u>OR</u> Is denied ntains the requested records, it is led in HRS § 92F-13 and/or § 92F-22 ords that the agency will not disclose.)	not disclosing all or part of them based 2 or other laws cited below.				
RECORDS OR <u>INFORMATI</u>	ON WITHHELD	APPLICABLE <u>STATUTES</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 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.

OIP (rev. 12/1/2015)

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:

	Inspection at the following location:
Timir	ng 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 ir	 Incremental 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. Anatural disaster or other situation beyond agency's control prevents agency from responding to the request within 10 business days.

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:

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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								
	Other	(Only one waiver per request) \$							
	Other	(Pursuant to HAR §§ 2-71-19 & 2-71-31) φ							
	Total Estimated Fees:	\$							
<u>For pı</u>	For public 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:	\$							
	Total Estimated Costs.	φ							
TOTAL ESTIMATED FEES AND COSTS from above:									
_									
		costs above are for the first incremental disclosure only. A er fee waivers, will apply to future incremental disclosures.	dditional f	iees					
	PREPAVMENT IS REAL	UIRED (50% of fees + 100% of costs, as estimated above)	\$						
		Ψ							
	UNPAID BALANCE FROM PRIOR REQUESTS (100% must be paid before work begins								
TOT	\$ 0.00								
	Payment may be made by:	 cash personal check payable to other 							
	ning of this form. Please	or the records being sought, please contact the agency person e note that the Office of Information Practices (OIP) does not							

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, <u>oip@hawaii.gov</u>, or 250 South Hotel Street, Suite 107, Honolulu, Hawaii 96813.

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