NOTICE TO REQUESTER				
TO:	Barbara Puakea Balatico (Requester's name)			
FROM:	Hawaii County Office of the Clerk, Relley Araceley, 808-961-8429, relley.araceley@hawaiicounty.gov (Agency, and agency contact person's name, telephone number, & email address)			
DATE THAT	THE RECORD REQUEST WAS RECEIVED BY AGENCY: August 29, 2022			
DATE OF TH	HIS NOTICE: September 12, 2022			
	NT RECORDS YOU REQUESTED (attach copy of request or provide brief description below): Vote Records for Hawaii County, from the 2020 General Election.			
	E IS TO INFORM YOU THAT YOUR RECORD REQUEST: ranted in its entirety.			
⊠ Cannot b □ □	e 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: State of Hawai'i Office of Elections 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))			
Althou	ranted in part and denied in part, <u>OR</u> Is denied in its entirety agh the agency maintains the requested records, it is not disclosing all or part of them based exemptions provided in HRS § 92F-13 and/or § 92F-22 or other laws cited below.			

RECORDS OR APPLICABLE AGENCY

(Describe the portions of records that the agency will not disclose.)

INFORMATION WITHHELD STATUTES 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.

Metho	d of Disclosure:				
	Inspection at the following				
\boxtimes		e record(s) will be provided in the following manner:			
	_	up at the following location:			
	Will be mailed to				
	Will be transmitted	ed to you by other means requested: request+b53cpfxp4y@foi.uipa.org			
Timing	On,				
	After prepayment of 509	% of fees and 100% of costs, as estimated below.			
For in	The prior increme	ach subsequent increment will be disclosed within 20 business days after: nt (if one prepayment of fees is required and received), or cremental prepayment, if prepayment for each increment is required.			
	Records will be disclose	ed in increments because the records are voluminous and the following			
	extenuating circumstan				
		ust consult with another person to determine whether the record is exempt osure under HRS chapter 92F.			
	otherwise	equires extensive agency efforts to search, review, or segregate the records or prepare the records for inspection or copying.			
		quires additional time to respond to the request in order to avoid an			
	-	ble interference with its other statutory duties and functions.			
		disaster or other situation beyond agency's control prevents agency from g to the request within 10 business days.			
	responding	s to the request within 10 business days.			
ESTI	MATED FEES & COST	S AND PAYMENT:			
	For personal record requewaivers do not apply.	sts under Part III of chapter 92F, HRS, the agency may charge you for its costs only,			
review, entirety \$60 in	and segregate your reque y). The agency must waive	Part II of chapter 92F, HRS, the agency is authorized to charge you fees to search for, st (even if a record is subsequently found to not exist or will not be disclosed in its the first \$30 in fees assessed for general requesters, OR in the alternative, the first that the request is made in the public interest. Only one waiver is provided for each and -32.			
		blic record requests, the agency may charge you for the costs of copying and delivering st, 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.					
	_	of what you must pay, based on the estimated fees and costs that the agency cable waiver amount that will be deducted:			
For pu	blic record requests on	<u>y</u> :			
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) <\$>			

	Other	(Only one waiver per request) \$	
		(Pursuant to HAR §§ 2-71-19 & 2-71-31)	
	Total Estimated Fees :	\$	\$0
For pu	blic 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	D COSTS from above:	\$ 0
		costs above are for the first incremental disclosure on er fee waivers, will apply to future incremental disclos	•
	PREPAYMENT IS REQU	UIRED (50% of fees + 100% of costs, as estimated above)	\$
	UNPAID BALANCE FRO	OM PRIOR REQUESTS (100% must be paid before work be	egins) \$
TOTA	\$ 0		
	Payment may be made by:	cash personal check payable to other	
beginn record the rec question	ning of this form. Please s of other agencies, and a cords. If the agency deni ons regarding complian	or the records being sought, please contact the agency enote that the Office of Information Practices (OIP) do requester must seek records directly from the agency es or fails to respond to your written request for record note with the UIPA, then you may contact OIP	loes not maintain the it believes maintains ls or if you have other

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