	NC	DTICE TO REQUES	STER
TO:			
	(Requester's name)		
FROM:	(Agency, and agency contac	t person's name, telephone number, o	& email address)
DATE THA	AT THE RECORD REQU	EST WAS RECEIVED BY AGI	ENCY:
DATE OF 7	THIS NOTICE:		
GOVERNM	ENT RECORDS YOU RE	QUESTED (attach copy of reques	t or provide brief description below):
THE NOT			
		DU THAT YOUR RECORD I	
		hable to disclose the request tain the records. (HRS § $92F-3$	edrecordsforthefollowingreason:
-	Other agency that is beli	eved to maintain records:	ords requested. Please contact the agency
L		information:	ords requested. Please contact the agency
[to create a summary or compilation	on from records, but requested information
Willbeg	granted in part and den	iedinpart, <u>OR</u> 🗍 Is denie	d in itsentirety
ont	he exemptions provide	-	not disclosing all or part of them based F-22 or other laws cited below . sclose.)
RECORDS		APPLICABLE	AGENCY
INFORMA'	TION WITHHELD	<u>STATUTES</u>	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 entire ties 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: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:					
$\textbf{Timing of Disclosure:} \ \texttt{All records, or the first increment if applicable, will be made available or provided to you:}$						
	On, 20 After prepayment of 50% of fees and 100% of costs, as estimated below.					
 For 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:

-	-	•							
Fees:	Search	Estimate of time to be spent:hours							
	Review & segregation	(\$2.50 for each 15-minute period) Estimate of time to be spent:hours	\$						
	Fees waived	(\$5.00 for each 15-minute period) 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	: Copying	Estimate of # of pages to be copied: (@ \$per page, pursuant to HRS § 92-21)	\$						
	Delivery	Postage	\$						
	Other		\$						
	Total Estimated Costs:			\$					
тота	LESTIMATEDFEESAN	DCOSTS 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.									
	PREPAYMENTISREQ	UIRED (50% offees + 100% of costs, as estimated	labove)		\$				
UNPAID BALANCE FROM PRIOR REQUESTS (100% must be paid before work begins) \$									
TOT	ALAMOUNT DUE				\$				
	Payment may be made by	cash personal check payable to other							
beginn record the re- questi	nestions about this notice ning of this form. Please as of other agencies, and a cords. If the agency denice ons regarding compliant	or the records being sought, please contact to note that the Office of Information Practice a requester must seek records directly from the es or fails to respond to your written request note with the UIPA, then you may con- lotel Street, Suite 107, Honolulu, Hawaii 96	he agen es (OIP) he agen for reco tact OI	cy perso does no cy it beli rds or if	n named at the t maintain the eves maintains you have other				