

REQUEST TO ACCESS A GOVERNMENT RECORD

This is a model form that may be used by a Requester to provide sufficient information for an agency to process a record request. Although the Requester is not required to use this form or to provide any personal information, the agency needs enough information to contact the Requester with questions about this request or to provide its response. This request may not be processed if the agency has insufficient information or is unable to contact the Requester.

DATE: 07-30-2026

TO: **Department of Budget & Fiscal Services**
Agency that Maintains the Government Record

bfsmail@honolulu.gov
Agency's Contact Information

FROM: request+3dggkc5zc5@foi.uipa.org
Requester's Name or Alias

request+3dggkc5zc5@foi.uipa.org
Requester's Contact Information

AS THE REQUESTER, I WOULD LIKE THE FOLLOWING GOVERNMENT RECORD:

Describe the government record as specifically as possible so that it can be located. Try to provide a record name, subject matter, date, location, purpose, or names of persons to whom the record refers, or other information that could help the agency identify the record. A complete and accurate description of the requested government record will prevent delays in locating the record. Attach additional pages if needed.

Pursuant to Hawaii's Uniform Information Practices Act (UIPA), Haw. Rev. Stat. § 92F-1 et seq., I respectfully submit the following public records request to the City and County of Honolulu Department of Budget and Fiscal Services, and ask that it be forwarded to the appropriate division or staff member who maintains the requested records.

Background & Purpose:

I am a contracted accounting and audit professional with SpendMend, LLC, providing auditing services to hospitals, health systems, and medical facilities. As part of my due diligence obligations, I work to ensure my clients receive all outstanding or lost funds rightfully owed to their organizations.

Records Requested:

For the period of January 1, 2025 through June 30, 2026, I respectfully request:

A complete listing of all outstanding, uncashed, stale-dated, voided, cancelled, or returned checks or

warrants issued by the City and County of Honolulu to any vendor, business, corporation, or company — including hospitals, health systems, and medical facilities — in amounts exceeding \$999.99, that have NOT escheated to the State of Hawaii Unclaimed Property Division and remain on record with the Department of Budget and Fiscal Services.

This request is for non-person, business entity records only. I am not requesting any records related to individual payees or personal financial information.

Requested Data Fields (if available):

- Name of Vendor/Payee (business entity only)
- Check/Warrant Number
- Date of Issuance
- Payment Amount
- Current Status (Outstanding, Stale-Dated, Voided, Returned, etc.)

Records are requested in Excel (.xlsx) or CSV format, if maintained electronically.

If any portion of this request is denied, please provide a written explanation citing the specific statutory exemption under Haw. Rev. Stat. § 92F-13 that justifies withholding each record.

Thank you for your time and assistance.

Fee Waiver Request: I respectfully request a waiver of all applicable fees on the grounds that this information is in the public interest and is being sought on behalf of the payees themselves. If fees are expected to exceed \$25.00, please contact me prior to proceeding.

I WOULD LIKE: (Please check one or more of the options below, as applicable)

☐

To inspect the government record

☒ **A copy of the government record:** (Please check only one of the options below.) See the next page for information about fees and costs that you may be required to pay for agency services to process your record request. Note: Copying and transmission charges may also apply to certain options.

- ☐ Pick up at agency (**date and time**): _____
- ☐ Mail (address): _____
- ☒ E-mail (address): request+3dgk5zc5@foi.uipa.org
- ☐ Fax (toll free and only if available; provide fax number): _____
- ☐ Other, if available (please specify): _____

☒ If the agency maintains the records in a form other than paper, please advise in which **format you would prefer to have the record**.

☒ Electronic ☐ Audio ☐ Other (please specify): _____

☒ Check this box if you are attaching a request for waiver of fees in the public interest
(See waiver information on next page).

FEES FOR PROCESSING PUBLIC RECORD REQUESTS

You may be charged fees for the services that the agency must perform when processing your request for public records, including fees for making photocopies and other lawful fees. **The first \$30 of fees charged for searching for a record, reviewing, and segregating will not be charged to you. Any amount over \$30 will be charged to you.** Fees are as follows:

Search for a Record	\$2.50 for 15 minutes
Review and Segregation of a Record	\$5.00 for 15 minutes

Generally, no search, review, and segregation fees may be charged if you are making a request for personal records that are about you.

WAIVER OF FEES IN THE PUBLIC INTEREST

As an alternative to the \$30 fee waiver (not in addition to), the agency may waive the first \$60 of fees for searching for, reviewing and segregating records when the waiver would serve the public interest. If you wish to apply for a waiver of fees in the public interest, you must attach to this request a statement of facts, including your identity as the requester, to show how the waiver of fees would serve the public interest. The criteria for this waiver, found at section 2-71-32, Hawaii Administrative Rules, are

- (1) The requested record pertains to the operations or activities of an agency;
- (2) The record is not readily available in the public domain; and
- (3) The requester has the primary intention and the actual ability to widely disseminate information from the government record to the public at large.

COSTS

The Agency may charge you any other lawful fees and the costs to copy and deliver your personal or public record request.

AGENCY RESPONSE TO YOUR REQUEST FOR ACCESS

The agency to which you addressed your request must respond within a set time period. The agency will normally respond to you within 10 business days from the date it receives your request; however, in ***extenuating circumstances***, the agency must respond within 20 business days from the date of your request. If you have questions about the response time or the records being sought, you should first contact the agency and request to consult with the agency's UIPA contact person.

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

REQUESTER'S RESPONSIBILITIES

You have certain responsibilities under section 2-71-16, Hawaii Administrative Rules, which include making arrangements to inspect and copy records, providing further clarification or description of the requested record as instructed by the agency's notice, and making a prepayment of fees and costs, if assessed. The rules and additional training materials are available online at oir.hawaii.gov or from OIP.