NOTICE TO REQUESTER

TO: Sara Steiner – request+56vfgm6f93@foi.uipa.org

FROM: County of Hawai‘i, Planning Department, Dawn Johnston, 808-961-8130
(Agency, and agency contact person’s name, telephone number, mailing, & email address)

DATE THAT THE RECORD REQUEST WAS RECEIVED BY AGENCY: [ ]

DATE OF THIS NOTICE: [ ]

GOVERNMENT RECORDS YOU REQUESTED (attach copy of request or provide brief description below):

1. Copy of request attached
2. -
3. -
4. -

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:**
  - o ☐ Agency does not maintain the records. (HRS § 92F-3)
    Other agency that is believed to maintain records: USGS
  - o ☐ Agency needs further clarification or description of the records requested. Please contact the agency
    and provide the following information: Enter information needing clarification
  - o ☐ Request requires agency to create a summary or compilation from records, but requested information
    is not readily retrievable. (HRS § 92F-11(c))
- ☒ **Will be granted in part and denied in part, OR**
- ☐ **Is denied in its entirety**
  Although the agency maintains the requested records, it is not disclosing all or part of them based on the exemptions provided in HRS § 92F-13 and/or § 92F-22 or other laws cited below.
  (Describe the portions of records that the agency will not disclose.)

RECORDS OR INFORMATION WITHHELD	APPLICABLE STATUTES	AGENCY JUSTIFICATION
See attached responsive list	(HRS § 92F-3)	Agency does not maintain the records Frustration of Government
See attached responsive list	(HRS § 92F-13-3)	

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 have any **questions about this notice or the records being sought, contact the agency representative listed at the top of this form.** Send your payment, if any, to the agency at the address listed at the top of this form. DO NOT SEND PAYMENT to the Office of Information Practices (OIP) unless you are requesting records directly from OIP.

If you do not meet the requirements of this notice within **20 business days** after the postmark or email date of this notice or the date the agency makes the records available, your request will be **presumed abandoned,** 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 notify the agency upon receipt of this notice.

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, Hawai'i, 96813.

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: Enter inspection location
- ☒ As requested, a copy of the record(s) will be provided in the following manner:
  - ☐ Available for pick-up at the following location: Enter pick-up information
  - ☐ Will be mailed to you.
  - ☒ Will be transmitted to you by other means requested: records will be provided electronically.

Timing of Disclosure: All records, or the first increment if applicable, will be made available or provided to you:

- ☒ On ☐
- ☐ **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.
- ☐ A natural 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, -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:

Category	Explanation	Amount
Search	Estimate of time to be spent: enter # of hours hours ($2.50 for each 15-minute period)	**$** Enter search fee amount
Review & segregation	Estimate of time to be spent: enter # of hours hours ($5.00 for each 15-minute period)	**$** Enter review & segregation fee amount
Fees waived	☐general ($30), **OR** ☐ public interest ($60) (Only one waiver per request)	**($** Enter fee waiver amount **)**
Other	Enter justification for other fees if applicable (Pursuant to HAR §§ 2-71-19 & 2-71-31)	**$** Enter other fee amount
Total Estimated Fees:	**Sum of applicable fees**	**$** Enter total fee estimate

For public or personal record requests:

Costs:

Category	Explanation	Amount
Copying	Estimate of # of pages to be copied: enter # of pages (@ $ rate per page per page, pursuant to HRS § 92-21)	**$** Enter copy cost amount
Delivery	Postage	**$** Enter delivery cost amount
Other	Enter other costs if applicable	**$** Enter other cost amount
Total Estimated Costs:	**Sum of applicable costs**	**$** Enter total cost estimate

TOTAL ESTIMATED FEES AND COSTS from above: **$** Total Fees and Costs

☐ **PREPAYMENT IS REQUIRED** (50% of fees + 100% of costs, as estimated above) **$** Prepayment amount

☐ **UNPAID BALANCE FROM PRIOR REQUESTS** (100% must be paid before work begins) **$** Prior balance amount

TOTAL AMOUNT DUE AT THIS TIME **$** total amount due

☐ **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.**

Payment may be made by:

- ☐ cash
- ☐ personal check payable to: Enter check payee information
- ☐ other: Enter other means of payment

Submit your payment to the agency at the address listed at the beginning of this form, including the name of the agency's contact person.