FIRST AND FINAL NOTICE TO REQUESTER

File or MPD Report No.

•
TO: FROM:
DATE REQUEST RECEIVED:
DATE OF THIS NOTICE:
GOVERNMENT RECORDS YOU REQUESTED (or attach copy of request): 1.
2.
3.
4.
 A. YOUR REQUEST WILL BE MADE AVAILABLE AFTER PAYMENT: After full payment of fees and costs of \$ Payment may be made by
Records Provided:
Documents as requested in request pages, bates numbers
*Note
B. FEES & COSTS:

An agency is authorized to charge fees and costs to process your request (even if no record is found to exist), but must waive the first \$30 in fees assessed for general requesters and the first \$60 in fees if you provide the information to support a request to waive \$60 as in the public interest. HAR §§ 2-71-14, -31 and -32. The agency may require prepayment of 50% of the total estimated fees and 100% of the total estimated costs prior to processing your request. HAR § 2-71-19. The following is the estimate of the fees and costs that the agency will charge:

Fees:	Search	Time spent: (\$2.50 for each 15-minute period = \$10/hr)	\$
	Review and segregation	Time spent: (\$5.00 for each 15-minute period = \$20/hr)	\$
Other	1	(Pursuant to HAR §§ 2-71-19 & 2-71-31)	\$
		FEES:	\$
Costs:	Copying	# of pages copied: (@ \$ 0.25 per page.)	\$
	Other costs		\$
		TOTAL COSTS:	\$
		TOTAL FEES AND COSTS:	\$
		TOTAL AMOUNT DUE AND OWING WITH THIS	\$
		NOTICE	

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C YOUR RECORDS REQUEST:		
	-	maintain records: cords requested. Please c ontact the agency
		on from records not readily retrievable.
☐ Is denied in its entirety ☐	Will be granted only as to ce on provided in HRS § 92F-13 and	ertain parts d/or § 92F-2 2 and other laws cited below
RECORDS OR INFORMATION	APPLICABLE STATUTES	AGENCY JUSTIFICATION
<u>WITHHELD</u>		
Records available for public access in their business days, or after receipt of any prepay within 5 business days of this notice or after authorized by HAR § 2-71-15, the first increase receipt of any prepayment required.	yment required. Records not aver r receipt of any prepayment req	ailable in their entireties must be disclosed uired. If incremental disclosure is
Method of Disclosure:		
Inspection at the following location As requested, a copy of the record(s Available for pick-up at the Will be mailed to you. Will be transmitted to you) will be p rovided in the following following location:	ng manner:
Receipt of each incremental Disclosure is being made in increme extenuating circumstances exist: Agency must consu	of Information Practices at 808- nt increment will be disclosed w prepayment of fees is required a prepayment required. ents because the records are vol lt with another person to determ	586-1400 or oip@hawaii.gov. rithin 20 business days after: and received).
Request requires ex otherwise prepare t Agency requires add unreasonable interf A natural disaster o	he records for inspection or copy ditional time to respond to the re erence with its other statutory of	eques t in order to avoid an
THIS RESPONSE IS BEING PROVIDED PU	URSUANT TO THE UIPA, ITS ADMINIS	STRATIVE RULES AND HAWAII LAW.

CHAPTER 92F, HRS AND CHAPTER 2-7 HAWAII ADMINISTRATIVE RULES

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