

# REQUEST TO ACCESS A GOVERNMENT RECORD

DATE: \_\_\_\_\_

TO: Hazard Evaluation & Emergency Response Office (Fax: 586-7537)

FROM: \_\_\_\_\_

Name or Alias

Contact Information

Although you are not required to provide any personal information, you should provide enough information to allow the agency to contact you about this request. The processing of this request may be stopped if the agency is unable to contact you. Therefore, please provide any information that will allow the agency to contact you (name or alias, telephone or fax number, mailing address, e-mail address, etc.).

## **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 name 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 government record you request will prevent delays in locating the record. Attach a second page if needed.

## **I WOULD LIKE:** (please check one or more of the options below)

- To inspect the government record.
- A copy of the government record: (Please check one of the options below.) See the back of this page for information about fees 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
- Fax (toll free and only if available)
- 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 back).

SEE BACK FOR IMPORTANT INFORMATION

## **OFFICIAL USE ONLY:**

\_\_\_\_\_  
Office Manager

\_\_\_\_\_  
Date

## **FEES FOR PROCESSING RECORD REQUESTS**

You may be charged fees for the services that the agency must perform when processing your record request, 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

## **WAIVER OF FEES IN THE PUBLIC INTEREST**

Up to \$60 of fees for searching for, segregating and reviewing records may be waived when the waiver would serve the public interest as described in section 2-71-32, Hawaii Administrative Rules. 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.

## **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, you may contact the agency's UIPA contact person. If you are not satisfied with the agency's response, you may call the Office of Information Practices at 808-586-1400.

## **REQUESTER'S RESPONSIBILITIES**

You have certain responsibilities under §2-71-16 Hawaii Administrative Rules. You may obtain a copy of these rules from the Lieutenant Governor's Office or from the Office of Information Practices. These responsibilities 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, if assessed.

# NOTICE TO REQUESTER

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

FROM: Dept. of Health/Hazard Evaluation & Emergency Response Office/(808)586-4249/  
Department Name, Name & Telephone Number of Contact Person at Agency

**ACCESS TO THE GOVERNMENT RECORD YOU REQUESTED** (copy of request attached or brief description below)

\_\_\_\_\_

\_\_\_\_\_

- will be granted in its entirety.
- cannot be granted because
  - agency does not maintain the requested record.
  - agency needs a further description or clarification of the requested record. Please contact the agency within \_\_\_\_\_ day or your request will be considered abandoned.
  - the request would require the agency to create a summary or compilation from records that is not readily retrievable.
- is denied in its entirety or will be granted only to certain part(s) of this government record. Denial of access to this or portions of this government record is based upon the following subsections of section 92F-13, Hawaii Revised Statutes, or other laws as cited below. The portions of the record that the agency will not disclose are described in general terms:

STATUTE

RECORD OR PORTIONS WITHHELD

## METHOD AND DATE OF DISCLOSURE:

- Inspection at the following location: \_\_\_\_\_ On date/time): \_\_\_\_\_
- Copy provided to you:
  - available for pick-up at the agency on (date/time): \_\_\_\_\_
  - to be mailed
  - transmitted by other means as requested
- Incremental Disclosure: The record will be disclosed in increments. (The agency must attach a description of extenuating circumstances that support its intention to disclose incrementally. See §2-71-15 H.A.R.) The first increment will be available on \_\_\_\_\_

See Back for Information on Fees

Should you have questions about the agency's response, you may contact the person named above. If you are not satisfied with the agency's response, you may call the Office of Information Practices at 808-586-1400.

## ESTIMATED FEES:

The agency will perform the services listed below to process your record request. You will be charged fees for these services. The amount below is an estimate of the fees that the agency will charge you after any waivers are applied:

SEARCH	ESTIMATE OF TIME TO BE SPENT: _____ (\$2.50 FOR EACH 15-MINUTE PERIOD)	\$ _____
REVIEW	ESTIMATE OF TIME TO BE SPENT: _____ (\$5.00 FOR EACH 15-MINUTE PERIOD)	\$ _____
SEGREGATION	ESTIMATE OF TIME TO BE SPENT: _____ (\$5.00 FOR EACH 15-MINUTE PERIOD)	\$ _____
COPY CHARGES	ESTIMATE OF PAGES TO BE COPIED: _____ AT \$ _____ PER PAGE	\$ _____
OTHER CHARGES	ESTIMATE OF OTHER CHARGES ALLOWED BY LAW: _____  _____ (SPECIFY THE LAW)	\$ _____

**TOTAL ESTIMATED FEES:** \$ \_\_\_\_\_

## PREPAYMENT:

- A Prepayment of \$ \_\_\_\_\_ is required before your request can be processed.
- Payment is accepted in  CASH  PERSONAL CHECK  OTHER \_\_\_\_\_
- No prepayment is required.

## WAIVER OF FEES IN THE PUBLIC INTEREST:

The agency will complete this section only if you requested a waiver of fees in the public interest.

- Request for waiver is granted. The fee information provided above reflects the fee waiver.
- Request for waiver is denied.

## REQUESTER'S RESPONSIBILITIES:

The agency will not complete your request for records until it receives your prepayment, if required, and until you perform your other responsibilities under §2-71-16, Hawaii Administrative Rules. Once the agency begins to process your request, you will be liable for any fees incurred. If you wish to cancel or modify your record request, you must advise the agency upon receipt of this notice.