

**DEPARTMENT OF WATER SUPPLY
County of Maui**

NOTICE TO REQUESTER

DATE: _____

TO: _____

FROM: _____
Department Name, Name & Telephone Number of Contact Person at Department

ACCESS TO THE DEPARTMENT OF WATER SUPPLY RECORD YOU REQUESTED (copy of request attached or brief description below)

- will be granted in its entirety.**
- cannot be granted because**
 - department does not maintain the requested record.
 - department needs a further description or clarification of the requested record.
Please contact the department within _____ days or your request will be considered abandoned.
 - the request would require the department 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 department record.**
Denial of access to this or portions of this department 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 department 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 department on (date/time): _____
 to be mailed
 transmitted by other means as requested
- Incremental Disclosure:** The record will be disclosed in increments. (The department 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 Following Page for Information on Fees

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

ESTIMATED FEES:

The department 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 department 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 department 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 department 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 department 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 department upon receipt of this notice.