

NOTICE TO REQUESTER

(Use multiple forms if necessary)

TO: Carroll Cox "THE CARROLL COX SHOW"
FROM: Diane Kawauchi and Don Kitaoka (768-5248), Deputies Corporation Counsel, City and County of Honolulu
(Agency/name & telephone number of contact person at agency)

DATE REQUEST RECEIVED: 5/31/2011
DATE OF THIS NOTICE: 6/2/2011

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

1. Copy of 10/29/2010 letter to Mr. Don Kitaoka from Mr. Ed Case regarding the Waikele Caves Storage.
2. Copy of all emails and other letters between Mr. Don Kitaoka and Mr. Ed Case on the Waikele Caves Storage from 1/1/2009 to present.
3. _____
4. _____

NOTICE IS PROVIDED TO YOU THAT YOUR REQUEST:

- Will be granted in its entirety.
- Cannot be granted because (see below):
- Agency does not maintain the records. Agency believed to maintain records: _____
 - Agency needs a further description or clarification of the records requested. Please contact the agency and provide the following information: _____
 - Request requires agency to create a summary or compilation from records not readily retrievable.
 - Records do not exist.
- Is denied in its entirety Will be granted only as to certain parts
based upon the following exemption provided in HRS § 92F-13 and/or § 92F-22 and other laws cited below
(portions of records that agency will not disclose should be described in general terms).

RECORDS OR INFORMATION WITHHELD

APPLICABLE STATUTES

AGENCY JUSTIFICATION

Copy of 10/29/2010 letter to Mr. Don Kitaoka from Mr. Ed Case.

HRS §92F-3

Record does not exist. There is no 10/29/2010 letter to Mr. Don Kitaoka from Mr. Ed Case.

Copy of all emails and other letters between Mr. Don Kitaoka and Mr. Ed Case on the Waikele Caves Storage.

HRS §92F-3

Records do not exist. There are no emails and letters "between Mr. Don Kitaoka and Mr. Ed Case on the Waikele Caves Storage."

REQUESTER'S RESPONSIBILITIES:

You are required to (1) pay any lawful fees 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 do not comply with the requirements set forth in this notice within 20 business days after the postmark date of this notice or the date the agency makes the records available, you will be presumed to have abandoned your request 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 incurred. If you wish to cancel or modify your request, you must advise the agency upon receipt of this notice.

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, or after receipt of any prepayment required. Records not available in their entireties must be disclosed within 5 business days of this notice or after receipt of any prepayment required. 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: _____.
- As requested, a copy of the record(s) will be provided in the following manner:
 - Available for pick-up at the following location: _____.
 - Will be mailed to you.
 - Will be transmitted to you by other means requested: _____.

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

- On _____.
- After prepayment of fees and costs of \$ _____ (50% of fees + 100% of costs, as estimated below).
Payment may be made by cash or: personal check other _____.

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).
- Receipt of each incremental prepayment required.

Disclosure is being made 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:

The agency is authorized to charge you certain fees and costs to process your request (even if no record is subsequently found to exist), but must waive the first \$30 in fees assessed for general requesters and the first \$60 in fees when the agency finds that the request made is in the public interest. See HAR §§ 2-71-19, -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. The following is the estimate of the fees and costs that the agency will charge you, with the applicable waiver amount deducted:

Fees: Search	Estimate of time to be spent: _____ (\$2.50 for each 15-minute period)	\$ _____
--------------	---	----------

Review & segregation	Estimate of time to be spent: _____ (\$5.00 for each 15-minute period)	\$ _____
Fees waived	<input type="checkbox"/> general (\$30) <input type="checkbox"/> public interest (\$60)	<\$ _____>
Other	_____ (Pursuant to HAR § 2-7-31(B))	\$ _____
Total Estimated Fees:		\$ _____

Costs: Copying	Estimate of # of pages to be copied: _____ (@ \$ _____ per page.)	\$ _____
Other	_____	\$ _____
Total Estimated Costs:		\$ _____

For questions about this notice, please contact the person named above. Questions regarding compliance with the UIPA may be directed to the Office of Information Practices at 808-586-1400 or oip@hawaii.gov.

168-5105

Ms. Diane Kawauchi and Mr. Don Kitaoka Honolulu Corporation Counsel

REQUEST TO ACCESS A GOVERNMENT RECORD

DATE: 5/31/11

TO: Ms. Diane Kawauchi and Mr. Don Kitaoka - Corporation Counsel

FROM: Carroll Cox "THE CARROLL COX SHOW"

Name or Alias P. O. Box 89-4202 Mililani HI 96789

Contact Information 808-782-6627

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

Copy of 10/29/2010 letter to Mr. Kitaoka from Mr. Ed Case regarding the Waikale Caves Storage.
Copy of all emails and other letters between Mr. Don Kitaoka and Mr. Ed Case on the Waikale Caves Storage from 1/1/2009 to present.

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

To inspect the government record.

XXXXXX 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)

XXXXXXXX Other, if available (please specify): _____

Please email information to carroll@carrollcox.com

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

XXXXXXXX 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