## REQUEST FOR ASSISTANCE TO THE OFFICE OF INFORMATION PRACTICES

## **GOVERNMENT RECORDS**

DATE	<b>:</b>
FROM	<b>1</b> :
	Name or Alias
	Contact Information
Informat	not required to provide any personal information; however, you should provide enough information to allow the Office of ion Practices ("OIP") to contact you about this request (name or alias, telephone or fax number, mailing address, e-mail address, the OIP is unable to contact you, the OIP will stop processing this request.
I HAV	E REQUESTED THE FOLLOWING GOVERNMENT RECORD:
including	copy of your written request to the agency; or describe the government record and your request as specifically as possible, grecord name, subject matter, date, location, purpose, or names of persons to whom the record refers, or other descriptive ion, and the date of your request and how it was made. Attach a second page if needed.
I Made The Record Request To The Following Hawaii State Or County Government Agency:	
My Request Was:	
	To inspect the government record.
	For a copy of the government record. (Please specify the format you requested, if any, such as electronic form, audio, video tape, etc.)
TEN B	USINESS DAYS HAVE PASSED, AND MY REQUEST WAS:
	Not answered.
	Denied. Please attach a copy of the agency's written denial. If the denial was verbal, please provide the name and contact information of the agency employee who denied access.
I REQ	UEST FROM THE OIP:
	An opinion on whether this denial was legal, or
	Assistance in obtaining access to the requested record(s).
NOTE:	Issues regarding copying fees under section 92-21, Hawaii Revised Statutes, are outside the OIP's jurisdiction and will not be addressed. Denials or granting of fee waivers in the public interest under section 2-71-32, Hawaii Administrative Rules, are at the discretion of the agency receiving a record request and will not be addressed.

OIP 2 (rev. 02/04)