



State of Hawaii
COMMISSION ON WATER RESOURCE MANAGEMENT
 Department of Land and Natural Resources

COMPLAINT / DISPUTE RESOLUTION
RESPONSE FORM

For Official Use Only:

Complaint File No: C

Instructions: Please print in ink or type and send completed form with attachments to the Commission on Water Resource Management, P.O. Box 621, Honolulu, Hawaii 96809. For further information and updates to this application form, visit <http://dlnr.hawaii.gov/cwrm/>.

Please answer any applicable questions to the best of your knowledge. This is a standard form and some questions may not pertain to your specific situation.

1. Name: _____ Date: _____
 Address: _____

Daytime Phone No.: _____ Fax No. _____

2. Were you aware of the problem prior to this complaint? Yes No

3. Tax Map Key:
If you are not the owner, please provide the landowner's information below.

Landowner's Name: _____

Landowner's Address: _____

Landowner's Phone No.: _____

4. If this complaint or dispute is related to a water source on your property, was the water source previously declared with the Commission on Water Resource Management?

Yes No Don't know

If yes, what is the name and tax map key of the source?

5. Attach a sketch or photograph that will give additional details of the situation described by the complainant.

6. Have you had any communication with the complainant(s)?

Yes No

If yes, list the communications and dates: (Attach copies if written communications were made)

7. Do you know if resolution of this matter has been sought with any other entity? (e.g., government agency, judicial body, or private entity)

Yes No Don't Know

If so, with whom and what was the outcome? Please provide copies of any documentation of this process.

8. Describe what you believe a successful and fair remedy might be:

I attest that the information given is accurate and complete, to the best of my knowledge.

Signature

Date