



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

**WELL INFORMATION RELEASE REQUEST**

**For Official Use Only:**

  
  
  

**Well Info Request No.:**

**Instructions:** Please print in ink or type and send completed form with attachments to the Commission on Water Resource Management, via mail to P.O. Box 621, Honolulu, Hawaii 96809, via facsimile to (808) 587-0219, or via e-mail to [dlnr.cwrmm@hawaii.gov](mailto:dlnr.cwrmm@hawaii.gov). For further information and updates to this application form, visit <http://www.hawaii.gov/dlnr/cwrmm>.

Please fill out this form to request a release of well information in the form of maps, database information, and/or file documents. Upon submission, Commission staff shall review the request, prior to delivery of the requested information. Copying charges may apply and must be paid prior to copies being made.

<b>Name:</b>	
<b>Mailing Address, Phone Number, and E-mail:</b>	
<b>Company Name: (If obtaining information for a business.)</b>	
<b>Company Phone Number, Fax, and Email:</b>	
<b>Location of Interest: (Please attach map if possible.)</b>	
<b>Island:</b>	<b>Tax Map Key(s):</b>
<b>Specific Information Desired:</b>	

<b>For Official Use Only:</b>	
Information provided:	
Staff providing information:	Date provided:
Total Copy Charges: (See attached, "Record of Copied Materials" form.) \$	