## OFFICE OF INFORMATION PRACTICES' AGENCY REPORT ON FEES AND WAIVERS OF FEES

Please complete this form and deliver or mail to:

Office of Information Practices No. 1 Capitol District Building 250 South Hotel Street, Suite 107 Honolulu, HI 96813 Telephone: 808-586-1400

Fax: 808-586-1412 Email: oip@hawaii.gov

	Department Name:
_	oorting (UIPA Contact Person):
Reporting for the following four-month period(s):	
	March through June [year] July through October [year] November [year] through February [year]
Reporting	required by HAR 2-71-3*:
1.	Number of requests for access to records in reporting period  a. for which the agency assessed fees:  b. that qualified for a waiver of fees under section 2-71-32:
2.	The amount of fees waived for each request for records in the reporting period (you may attach a separate sheet):
Signature:	Date:
§2-71-3 Re	dministrative Rules (see www.hawaii.gov/oip/rules): eporting to the OIP.
	by the OIP, each agency shall file with the office of information practices a ag forth the following information:
(2) The num	ber of requests for access to records for which fees were assessed; and ber of requests for access to records which qualified for a waiver of fees section 2-71-32, and the amount of fees waived for each request.
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