

**`Ōlelo Community Television  
Request for Records**



**Request For Records**

Date of Request:

Requestor's Name:

Daytime Phone:

Email Address:

*To facilitate your request, a detailed description of the record being requested is recommended. Useful details may include the description of the information/document, subject matter, date or date range, and any other information that may help `Ōlelo locate the record. When practical, requested records will be provided in the format in which `Ōlelo maintains the record.*

Information Requested:

**Submit request to:**

`Ōlelo Community Television  
Administrative Services  
1122 Mapunapuna Street  
Honolulu, Hawaii  
Email: [olelo@olelo.org](mailto:olelo@olelo.org)  
Fax: (808) 836-2546

Upon receipt of your request, `Ōlelo staff will send an acknowledgment. Additionally, you will be notified if your request requires more than 15 business days to fulfill or if fees will be charged. Please refer to the back of this form for information on fees for records requests.

**`Ōlelo Community Television  
Request for Records Fees**

`Ōlelo reserves the right to charge reasonable fees to fulfill records requests.

Record search requiring two hours or less	No fee
Record search requiring more than two hours*	
Record search	\$10.00 per hour
Record review	\$20.00 per hour
Segregation	\$20.00 per hour
Electronic copies (when available)	No fee
Paper copies, five pages or less	No fee
Paper copies, over five pages	.50 cents per page (page 6 and beyond)

Fee Policy

- Requesters will be notified in writing when fees will be assessed.
- The first \$30.00 of estimated fees for search, review and segregation will be waived.
- Fifty percent of the estimated fee is required in advance to initiate the request for records. The balance is due when the search is complete and/or the records are ready for release.
- In the event that a response to a request for records is more or less than estimated, the final invoice will be adjusted accordingly.
- In the event after searching for the requested record, no such record is found, the requester will be assessed only the search fee (and not the review or segregation fee).

For Internal/Staff Use

Date of Completion: \_\_\_ / \_\_\_ / \_\_\_

Fee Assessed: \$ \_\_\_\_\_  
Deposit Collected: \$ \_\_\_\_\_  
Balance Paid: \$ \_\_\_\_\_

- Attach relevant correspondence.  
- Attach or note specific record(s) provided.  
- If record(s) not released, provide explanation.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RFR Report