

State of Hawaii
Department of Transportation
Harbors Division

**REQUEST FOR INFORMATION
APPLICATION FORM**

Please print or type. Fill in as completely as possible.

Application Date: _____

Requestor's information	
Name:	Telephone Number:
Address:	Company Name:

Please check all that apply (More than one box per category may be checked)

<p>1. The requestor is a:</p> <p><input type="checkbox"/> Harbors Division contractor</p> <p><input type="checkbox"/> Harbors Division Tenant or an agent of tenant or a contractor of the tenant</p> <p><input type="checkbox"/> Government agency</p> <p><input type="checkbox"/> Member of the general public</p>	<p>2. What information or document(s) is(are) being requested?</p> <p><input type="checkbox"/> CAD/Computer Graphics Data: electronic file</p> <p><input type="checkbox"/> Tracing <input type="checkbox"/> Prints</p> <p><input type="checkbox"/> GIS <input type="checkbox"/> Compact Disk</p> <p><input type="checkbox"/> Correspondence <input type="checkbox"/> Computer diskette</p> <p><input type="checkbox"/> Report (If partial report, indicate page number in in "Other")</p> <p><input type="checkbox"/> Other, please specify _____</p>
<p>3. How was the request for information made?</p> <p><input type="checkbox"/> In person (walked in)</p> <p><input type="checkbox"/> By telephone</p> <p><input type="checkbox"/> By facsimile</p> <p><input type="checkbox"/> By E-Mail</p> <p><input type="checkbox"/> By Letter or memo</p> <p><input type="checkbox"/> Referral from other government office</p>	<p>4. Provide project information requested below, if known:</p> <p>H.C. _____</p> <p>Project Title: _____</p>
<p>5. Purpose of request:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p><input type="checkbox"/> Third party copying of documents requested Name of Copying company: _____</p>	

6. REQUESTOR'S SIGNATURE _____ DATE _____

Harbors Division will contact you as soon as a determination is made. However, if you do not hear from the Harbors Division within 3 working days after submitting this request, please call 587- 3651 to check on the status. Please retain a copy for your records.

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TO BE COMPLETED BY THE HARBORS DIVISION STAFF:
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Submitted by: _____ Document Request Log No. HAR-# _____

Print Name Signature Date

Concurred by: (Section Head)

Print Name Signature Date

APPROVED/DISAPPROVED: (Branch/District Manager)

Print Name Signature Date

The Branch or District Manager shall notify requestor of the decision