

Honolulu Liquor Commission  
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Honolulu, HI 96813-5249

**FAX: [808] 591-2700**  
**NEW Telephone: [808] 768-7355**  
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**REQUEST FOR PUBLIC INFORMATION**

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Res.ph.: [ ] \_\_\_\_\_ Bus.ph.: [ ] \_\_\_\_\_

E-Mail: \_\_\_\_\_ FAX: [ ] \_\_\_\_\_

I request the \*release of, and/or to review, the following public information from the licensee's file: (e.g. employee listing, tax map, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requestor to pay for the applicable reproduction costs, search, review and/or segregation fees**

Trade Name or Licensee Name: \_\_\_\_\_

Liquor License Number: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**[THIS PORTION TO BE COMPLETED BY LIQUOR COMMISSION PERSONNEL]**  
RELEASE OF INFORMATION COMPLETED BY:

\_\_\_\_\_  
Investigator/Clerk Date Completed

APPROVED:

\_\_\_\_\_  
Administrator/Designee Date

[Revised: 07/18/08]

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