

Honolulu Liquor Commission
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REQUEST FOR PUBLIC INFORMATION

[These areas (*) of this form must be completed; if left blank, this request will not be processed]

*Requestor: _____ *Date: _____
PRINT Name

*Address: _____
City State Zip

*Res. or Cell 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.)

*Trade Name or Licensee Name: _____

Liquor License Number: _____ *Signed: _____

- NOTES:**
- If the research/copy requires extensive work hours, the Requestor will be contacted to "discuss" the job before the Liquor Commission commences the work.
 - The Requestor is to pay for the applicable copying charges, search, review, and/or segregation fees; refer to box below "Copying Charges".

[THIS PORTION TO BE COMPLETED BY LIQUOR COMMISSION PERSONNEL]

RELEASE OF INFORMATION COMPLETED BY:

Investigator/Clerk

Date Completed

APPROVED:

Administrator/Designee

Date

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