Evelyn

HAWAII INC

City Financial Tower
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Phone (808) 586-4636 Facsimile (808) 586-4625

FACSIMILE TRANSMISSION

DATE: 6/15 **TIME:** 3:25 pm **# PAGES :** 2 **(including this page)**

TO: Sandy

FAX #: 587-0136

FROM: Craig

If you experience trouble with this transmission, please call Annette at 586-4636.

MESSAGE

Here's what I'm submitting for you.

302059

HAWAII FYI

FOR FYI USE ONLY

Ref. FILE Number: R

SERVICE REQUEST

☒ NEW ☐ CHANGE ☐ DELETE

1. Requestor's Name: Sandra Furukawa

2. Requested Start Date: 06 / 03 / 93

3. Information and Service Provider (ISP) Name: Bureau of Conveyances/DLNR

4. Contact Name: Sandra Furukawa

5. Title: Registrar of Conveyances

6. Address/City/Zip Code: 1151 Punchbowl St., Rm. 120, Honolulu, HI 96813

7. Telephone Number: 587-0148

8. FAX Number: 587-0136

9. Service Category (Please select category(s))

☐ Business and Finance ☐ Education and Reference ☐ Government ☐ News and Weather ☐ Sports
☐ Community Services ☐ Entertainment and Leisure ☐ Health/Social Services ☒ Real Estate/Housing ☐ Travel
☐ Current Events ☐ Food ☐ Messaging and Communication ☐ Shopping ☐ Tourism

10. Protocol Type

☒ ASCII ☐ NAPLPS ☐ Teletel ☐ ASCII/NAPLPS ☐ ASCII/Teletel ☐ All

11. Service Name (up to 23 Characters - alphanumeric)

12. Service ID (up to 8 characters - alphanumeric, must start with alpha): TITLE

13. Service Description: CLOSED USER GROUP CHARGE CALL 587-0155 FOR INFO. LCATS LISTS LAND COURT PROPERTY OWNERSHIP/ENCUMBRANCE

14. Billing: ☐ Self Billing ☐ FYI Billing Service

15. Closed User Group: ☒ Service is for a CUG ☐ Service is for general public

16. Billing Address (If FYI Billing Service selected)

Bureau of Conveyances
P. O. Box 2867
Honolulu, HI 96803

17. ISP Service Tariff Type and Rate

☒ Free ☐ Free _____ minutes, then $_____ per minute
☐ $_____ Per minute ☐ $_____ per block of _____ minutes
☐ $_____ Per month ☐ $_____ per block of _____ minutes, then $_____ per minute

18. DTE Address

19. Number of Concurrent Users Supported

20. Service Hours of Operation

21. Technical Support Person

22. Telephone Number (Business/After Hours)

23. I agree to abide by terms and conditions as described in Hawaii Administrative Rules, Chapters 100 to 103.

Requestor's Signature: S. Furukawa Date: 5 / 18 / 93

FYI Administrator: 302060 Date: / /

ICSD H-100 (12/92)