

Description of request (Be specific):

What type of results do you expect? (Examples: table of statistics, bibliography, copies of articles)

I understand my request may require the assessment of charges provided under section 8-206.2-32, Hawaii Administrative Rules, including without limitations the agreement to pay the following charges:

- (1) Research charge of \$60 per hour for a minimum of one hour. Thereafter \$15 per quarter hour or fraction thereof;
- (2) computer searches of databases outside HSPLS at the cost charged by those databases;
- (3) interlibrary loan charges of \$10 per item and the cost, including any fines or fees, incurred by the public library to acquire the item from an out-of-system library;
- (4) photocopying charge of not less than cost of \$.25 per page;
- (5) telecopying charges of \$2.50 per page.

I request that library staff check the following sources/services if appropriate. Please identify any specific titles which you would like checked:

- _____ books
- _____ serials
- _____ online databases
- _____ CD-ROM databases
- _____ document delivery
- _____ photocopying
- _____ microform copying
- _____ Interlibrary Loan Services
- _____ long distance phone calls

I understand that I will be required to deposit a minimum non – refundable fee of \$60 before the staff can begin the research process. Additional charges identified on the Custom Research Fee Verification Form will be added to my library card financial account and are due upon receipt of the research results. There may also be other charges such as long distance telephone charges, databases search charges, document delivery, and copyright clearance fees which the library may receive from external agencies after the initial charges are assessed.

I understand that by requesting custom research service, I assume any and all risks and liabilities and waive any claims against the Hawaii State Public Library System or any individual staff member(s) arising from any information or research provided by the Hawaii State Public Library System through the custom research service.

I understand that I am liable for charges even if library staff are not be able to locate any relevant information. Staff will provide a list of sources checked.

I understand that I am liable for research and document delivery charges if I provide an incorrect citation or incorrect information in my request statement.

I understand that I am liable for research and document delivery charges even if I do not pick up my research results.

I understand that the library staff will adhere to all copyright and other legal requirements.

Signature

Date

HSPLS 8/95 (Rev.12/96)

FOR STAFF USE ONLY:

INTERNAL ROUTING LOG

Indicate when the request was received or when it was routed to the next library/section. Include the staff member's name, library, and section:

DATE/TIME RECEIVED BY or ROUTED BY BY

Examples:

| | | | |
|-------------------|------------------------------------|------------------------|----------------------|
| 12-27-95, 1:32 pm | Mary Smith Hilo (from customer) | | |
| 12-27-95, 2:00pm | | HSL-BST (faxed) | Mary Smith, Hilo |
| 12-27-95, 3:00pm | Jane Doe, HSL-BST | | |
| 12-27-95 | | John Jones, HSL-SSP | Jane Doe, HSL-BST |
| 12-27-95, 3:25pm | John Jones, HSL-SSP | | |

FOR STAFF USE ONLY:

INTERNAL ROUTING LOG

DATE/TIME RECEIVED BY or ROUTED BY BY