HAWAII STATE PUBLIC LIBRARY SYSTEM
CUSTOM RESEARCH SERVICE REQUEST

Please print or type

Name of Applicant: ____________________________________________

Last     First     M.I.

Address: ______________________________________________________

City ______________ State __________ Zip __________ Phone __________

E-mail address ________________________________________________

HSPLS Library Card # ________________________ FAX ________________

DEADLINE ________________________ (Custom Research Service is subject to the availability of library staff.)

Maximum cost limit for research ($60/hour) ________________________ including initial non-refundable cost $60 deposit.

Maximum cost limit for document delivery ________________________

The library staff will not participate in certain types of research and/or interpretation which includes medical and legal cases, patents and trademark searching, genealogical research, and appraisal and pricing of art and collectibles. Please seek the advice of your doctor, attorney, or other appropriate professional. The custom research service is also not intended for school research papers, contest questions, etc. The library system provides only information available from public sources and cannot guarantee its accuracy or reliability.
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:

<table>
<thead>
<tr>
<th>DATE/TIME</th>
<th>RECEIVED BY</th>
<th>or</th>
<th>ROUTED BY</th>
<th>BY</th>
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<td>Mary Smith</td>
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<td>Hilo (from customer)</td>
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<td>12-27-95, 2:00pm</td>
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<td>HSL-BST</td>
<td>Mary Smith, Hilo</td>
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<td>12-27-95</td>
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<td>HSL-SSP</td>
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<td>12-27-95, 3:25pm</td>
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