County of Hawai‘i

BOARD OF APPEALS

Aupuni Center • 101 Pauahi Street, Suite 3 • Hilo, Hawai‘i 96720
(808) 961-8288 • Fax (808) 961-8742

REQUEST FOR SUBPOENAS TO BE ISSUED

Case Name: _____ Date: _____

Case No.: _____

Subpoenas requested by: _____ **Please type or print**
Name

_____ **all information.**
Address

_____

Date and time of hearing: _____

Is this a continued hearing? ☐ [ ] Yes ☐ [ ] No

Please provide in the space below the complete name and address of each witness for whom you are requesting a subpoena and a brief statement of each witness' relevance to this case.

Please submit this form and the original subpoenas to Planning Board of Appeals no later than five calendar days prior to the hearing date. It is your responsibility to pick-up and serve subpoenas upon witnesses. Personal service upon witnesses must be made no later than forty-eight (48) hours before the scheduled hearing time.

BEFORE THE BOARD OF APPEALS COUNTY OF HAWAIʻI	☐ **SUBPOENA** **NOTICE TO APPEAR** ☐ **SUBPOENA DUCES TECUM**	**BOA CASE NUMBER**

APPELLANT	**APPELLEE**
NAME, PHONE & ADDRESS OF PARTY ISSUING SUBPOENA	**COMMENTS:** ATTACH CONTINUATION PAGE IF NEEDED
NAME AND ADDRESS OF WITNESS	

WITNESS, YOU ARE COMMANDED to appear at the time and place indicated to testify as a witness on behalf of the
☐ APPELLANT ☐ APPELLEE ☐ LANDOWNER
You are further ordered to bring with you the items listed in the comments section.

DATE	**TIME**
LOCATION TO APPEAR	

DATE ISSUED	**BOARD OF APPEALS CHAIRPERSON**

RETURN OF SERVICE

	DATE	**TIME**	**PLACE**
SERVICE WAS MADE AT:			

Comments: ☐ I served the above named person.
☐ I served this subpoena on another individual (explain).

	TYPE OR PRINT NAME OF SERVER	**SIGNATURE**	