

**MAINE HUMAN RIGHTS COMMISSION
PARTY TO COMPLAINT PUBLIC RECORDS REQUEST**

Requestor's contact information:

First Name:	Last Name:	Date:	
Organization:			
Mailing Address:	City:	State:	Zip:
Phone:	Email Address:		

Charge information:

My relation to this charge:

Charge #:	<input type="checkbox"/> Complainant	<input type="checkbox"/> Respondent
	<input type="checkbox"/> Complainant Attorney	<input type="checkbox"/> Respondent Attorney

I wish to be contacted to arrange for:

Physical inspection of the above charge at Commission Office

or

Provide me with a photo copy of records (.12 per page) (no charge for first copy)

Complete case file (public records only)

or limit to:

<input type="checkbox"/> Investigators Report <input type="checkbox"/> Charge of discrimination <input type="checkbox"/> Commission Meeting Minutes <input type="checkbox"/> Complainant submissions <input type="checkbox"/> Respondent submissions	}	<i>you may wish to reduce copy fees by limiting your request to specific materials in the file.</i>
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Other material _____

Shipping info:

I would like materials mailed to me and agree to pay actual postage costs.

US Mail FedEx / UPS

or

I would like to pick up the materials at the Commission office to avoid mailing charges.

Requestor Signature:	Date:
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FOR OFFICE USE ONLY:

COPY CHARGES: #PAGES _____ x .12 page = \$ _____

US Mail cost \$ _____

TOTAL CHARGES \$ _____

CASH CHECK PAID ON _____ RECEIVED BY _____

Please contact our office at 207.624.6290 if you need assistance.