

**MAINE HUMAN RIGHTS COMMISSION  
GENERAL REQUEST FOR PUBLIC RECORD COPIES & SERVICES**

**Requestor's contact information:**

First Name:	Last Name:	Date:
Organization:		
Mailing Address:	City:	State: Zip:
Phone:	Email Address:	
Charge #:	Complainant:	Respondent:

**I wish to be contacted to arrange for:**

- ☐ Appointment to inspect records at the Commission  
☐ Copy of records

- |   |  |
|---|--|
| <input type="checkbox"/> Charge of Discrimination                               | <i>Subject to redacting charges?</i> YES |
| <input type="checkbox"/> Investigators Report                                   | NO                                       |
| <input type="checkbox"/> Commission Determination Letter                        | NO                                       |
| <input type="checkbox"/> Commission Meeting Record                              | NO                                       |
| <input type="checkbox"/> Complainant Submissions                                | YES                                      |
| <input type="checkbox"/> Respondent Submissions                                 | YES                                      |
| <input type="checkbox"/> Complete case file (all the above public records only) | YES                                      |

- ☐ Other request \_\_\_\_\_

**Fees:**

Retrieve/Compile/Redact public records \$25.00 per hour.\*\* *charged after the second hour*  
record copy charges: 10¢ per page

\*\* The Commission charges for record retrieval, compilation, and redaction of information *when requests exceed* two hours of staff time. Please review our inspection and copying policy for more information.

**Shipping info:**

- ☐ I would like materials mailed to me and agree to pay actual postage costs.  
☐ US Mail  
☐ FedEx / ☐ UPS
- ☐ I would like to pick up the materials at the Commission office to avoid mailing charges.

Requestor Signature:	Date:
----------------------	-------

**FOR OFFICE USE ONLY:**

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

SEARCH/RETRIEVE/COMPILE CHARGE: #HRS >1 HR\_\_\_\_\_ x 15.00 HR \$ \_\_\_\_\_

MAILING CHARGES \$ \_\_\_\_\_

**TOTAL CHARGES** \$ \_\_\_\_\_

☐ CASH ☐ CHECK PAID ON \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

**Please contact our office at 207.624.6290 if you need assistance.**