

**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:	
<input type="checkbox"/> Appointment to inspect records at the Commission <input type="checkbox"/> Copy of records	
	<i>Subject to redacting charges?</i>
<input type="checkbox"/> Charge of Discrimination	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
 <input type="checkbox"/> Other request _____	
Fees: Retrieve/Compile/Redact public records \$15.00 per hour.** <i>charged after the first hour</i> record copy charges: 12¢ per page	
** The Commission charges for record retrieval, compilation, and redaction of information <i>when requests exceed</i> one hour of staff time. Please review our inspection and copying policy for more information.	

Shipping info: <input type="checkbox"/> I would like materials mailed to me and agree to pay actual postage costs. <input type="checkbox"/> US Mail <input type="checkbox"/> FedEx / <input type="checkbox"/> UPS <input type="checkbox"/> I would like to pick up the materials at the Commission office to avoid mailing charges.
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Requestor Signature:	Date:
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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 \$ _____
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK PAID ON _____	RECEIVED BY _____

Please contact our office at 207.624.6290 if you need assistance.