

**Maine Department of the Secretary of State  
Office of the Small Business Advocate  
Client Intake Form**



<b>Business Name:</b>
<b>Principal Name(s):</b>
<b>Address:</b> <b>Business Phone:</b> <b>Cell Phone:</b> <b>E-Mail Address:</b> <b>Website Address:</b>
<b>Type of Business:</b>
<b>Number of Employees:</b>
<b>What agencies/offices has your business contacted about this issue?</b>
<b>Please provide a summary of your complaint (if possible include a timeline of events):</b>