



CNMI DEPARTMENT OF LABOR

ADMINISTRATIVE HEARING OFFICE

1357 Mednilla Ave., Capitol Hill, PO Box 10000, Saipan MP, 96950 (670) 664-3291/2 hearing@dol.gov.mp www.marianaslabor.net

REQUEST FOR RECORDS FORM

Instructions: Please complete and return this form to the Administrative Hearing Office with the applicable fee. So that we can better assist you, please be as specific as possible.

1. Requestor Name: _____

2. Preferred Phone Number(s): _____

3. Preferred Email Address(es): _____

4. Are you requesting Certified Copies of the record? Yes No

If yes, please specify case name, case number, name/caption of document(s), and if known, date of filing or other identifying information.

5. Are you requesting an audio recording? Yes No

If yes, please specify the case name, case number, type of hearing, and date of hearing.

6. Are you requesting public records under the Open Government Act? Yes No

If yes, please specify case name, case number, name/caption of document(s), and if known, date of filing or other identifying information.

7. Are you requesting something else? Yes No

If yes, please specify.

Requestor Signature

Date