

REVISED - 2024

Requesting Facility's Information

Facility Name: _____

Attention: _____

Fax Number: _____

Phone Number: _____

Individual's Information (Request 1)

Individual's Name: _____

Social Security Number: _____

Date of Birth (mm/dd/yy): _____

Individual's Information (Request 2)

Individual's Name: _____

Social Security Number: _____

Date of Birth (mm/dd/yy): _____

Individual's Information (Request 3)

Individual's Name: _____

Social Security Number: _____

Date of Birth (mm/dd/yy): _____

Submit to:

Maximus Assessing Services Agency
Fax: 844.356.7500 | Email: Ask-MaineASA@maximus.com | Phone: 833.525.5784

All Requests Processed Within 24 Hours of Receipt