

## 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](mailto:Ask-MaineASA@maximus.com) | Phone: 833.525.5784

*All Requests Processed Within 24 Hours of Receipt*