

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