

Date: _____

**FLORIDA COMMISSION ON HUMAN RELATIONS
Request for Information/Copy of Documents/File
(Dual filed or closed cases only)**

Print Requestor Name: _____

Please specify your position in the case- Circle One:

Complainant Complainant Rep. Respondent Rep. Other (valid for cases filed in court)

Signature: Michael Locke

EMAIL, Return mailing address & telephone number:

Complainant Name _____

Respondent Name _____

FCHR Case Number/Closed Date _____/_____

Investigating Agency (if other than FCHR) _____

Other Agency Case Number (if known) _____

AGENCY Filing Date (**VERY IMPORTANT**) _____

READ CAREFULLY

You will be notified of reasonable copying costs in accordance with Florida Statutes. Upon receipt of the copying costs, as applicable, the copies with a Certificate of Authenticity will be forwarded to you by regular mail. If you do not return this request within 30 calendar days after receipt, **OR** if the request is incomplete, this request will be considered **VOID**.

PLEASE ADDRESS ALL WRITTEN COMMUNICATION TO:

Florida Commission on Human Relations
4075 Esplanade Way Room 110
Tallahassee, Florida 32399
Fax: (850) 487-1007

PLEASE DIRECT PHONE INQUIRIES TO THE RECORDS SECTION AT:

(850) 488-7082

*****Do not write below this line - Agency Use Only*****