



CNMI DEPARTMENT OF LABOR



ADMINISTRATIVE
HEARING OFFICE

1331 Ascencion Dr., PO Box 10007, Saipan MP, 96950 ☎(670) 664-3291 ✉ hearing@dol.gov.mp 🌐 labor.cnmi.gov

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 (if so, please specify below) No

Requestor Signature

Date