

DATE: _____



FLORIDA COMMISSION ON HUMAN RELATIONS

Request for Copy of Closed Case File

Requestor Name: _____

Please specify your position in the case (i.e., **Complainant**, **Complainant Representative** (submit Letter of Representation if not previously submitted), **Respondent Representative** (submit Letter of Representation if not previously submitted) or **Other** (for cases in hearing or filed in court – submit copy of hearing/case filing).

Signature (electronic accepted/preferred):

Requestor email address & telephone number (include mailing address if you do not have an email address):

FCHR/Other Case Information:

Complainant Name _____

Respondent Name _____

FCHR Case Number and Closed Date (VERY IMPORTANT) _____

Investigating Agency (if other than FCHR) AND Other Agency/EEOC/HUD Case Number AND Filing Date

READ CAREFULLY

You will be notified of reasonable copying costs in accordance with Florida Statutes. Basic file information will be provided at no cost (up to 30 minutes of research/compilation), but packaging and mailing costs may apply. Due to extensive use of technology/personnel; research/compilation, and mailing, costs will apply for case email/file notes. There may be some redaction(s) in your received copy. Copies with a Certificate of Authenticity will be forwarded to you by email or by regular mail. If you do not return this request within 14 calendar days after receipt, **OR** if the request/invoice is incomplete/unpaid, this request will be considered **VOID** and a new request will be required to process.

PLEASE ADDRESS ALL WRITTEN COMMUNICATION BY EMAIL TO (DO NOT also send by mail/fax):
records@fchr.myflorida.com

IF YOU DO NOT HAVE EMAIL THEN MAIL or FAX TO (Please send by only one communication method):

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

PLEASE DIRECT PHONE INQUIRIES TO THE RECORDS SECTION AT: (850) 488-7082