Print Form

RECEIPT FOR SERVICE

Office Name:

County:

Name of Requestor:

Date of Request:

○ In person ○ By Fax ○ By Mail ○ By Phone

Summary of Service Requested:

Action Taken or Recommended:

Additional Comments:

Employee Name: Title:

Employee Signature: Date:

Date Receipt Provided to Customer:

Receipt Number:

Receipt numbering sequence – Use the State, service center location, and sequential number (e.g., the first receipt issued in the Augusta, ME Service Center would be "ME-Augusta- 001").