



File Copy Request – Original Filing Firm

Please attach a check in the amount of \$25.00 per claim file requested made out to CRMC with this form. This request will be returned to you if funds are not attached.

Date of Request: _____

Requestor Name: _____

Law Firm Name: _____

Claimant Name: _____

Claim ID: _____

Preferred Method of Response:

Paper copy sent via Mail

Mailing Address: _____

PDF sent via Email:

Email Address: _____