



# REQUEST FOR ASSISTANCE

## Governor's Office of Business Ombudsman

Case #: \_\_\_\_\_

Purpose: The purpose of the Office, among others, is to resolve problems encountered by businesses interacting with State agencies; facilitate responsiveness of State government to business needs; and to report to the Governor problems encountered by businesses interacting with State agencies. Unless directed otherwise, the Ombudsman will use the information provided below when it contacts the applicable State agency for a review of the action. Please note, the Office is not authorized to address contract award disputes.

### Instructions

1. Complete and date this form.
2. Provide a brief written statement regarding the assistance requested.
3. Submit copies of relevant documents, such as correspondence, citation, or notice (Note: They may be submitted separately from this form by e-mail. Make sure to reference your name or company's name with this information).
4. If your comments concern Maryland Tax matters, contact Karen Scheerer, Ombudsman, Comptroller of Maryland, at [kscheerer@comp.state.md.us](mailto:kscheerer@comp.state.md.us) (1800-522-3941).
5. Please e-mail this form and requested information to Roger Campos, Governor's Business Ombudsman at: [roger.campos@maryland.gov](mailto:roger.campos@maryland.gov)

### Please Print:

Organization/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Name: Mr. \_\_\_ Ms. \_\_\_ Title: \_\_\_\_\_

Please indicate your organization type: \_\_\_\_\_ Large Business \_\_\_\_\_ WBE/MBE  
 \_\_\_\_\_ Small Business \_\_\_\_\_ Not-for-Profit \_\_\_\_\_ Association, representing \_\_\_\_\_ members  
 \_\_\_\_\_ Other (explain): \_\_\_\_\_

### Indicate the government agency with which you need assistance:

State Agency Name: \_\_\_\_\_

Agency Contact Person(s): \_\_\_\_\_

Agency Office/Division: \_\_\_\_\_

Email and Phone Number: \_\_\_\_\_

Did the agency listed above inform you about the assistance available from the Governor's Ombudsman?

\_\_\_\_\_ Yes \_\_\_\_\_ No If not, how did you learn about this office?

## Confidentiality / Disclosure

The Economic Development Article of the Maryland Code authorizes the Office of the Business Ombudsman to facilitate responsiveness of State government to businesses needing to resolve problems encountered by businesses interacting with State agencies and to assist permit applicants in obtaining timely and efficient review. In order to better serve businesses, the Governor's Ombudsman may wish to share your identity or information with the relevant State agency. By indicating 'yes' below, you authorize the Office of Business Ombudsman to share your information with the subject Agency, and describe your concern to State or Legislative officials, including information which may be privileged or confidential in nature. The intention of this authorization is to share information in order to resolve problems.

I authorize the use of my information \_\_\_\_\_ Yes \_\_\_\_\_ No (If no, results may be limited)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature authorizes the Office of the Business Ombudsman to proceed on your behalf on the matter described above.

**Pursue all legal options you believe are in your company's best interest.  
This process is not a substitute for legal or official administrative action.**