



UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE

MMS Fee for Open Access Complaints

**Required Field*

* MMS Region

GOM PAC AK

* Contact Name

(First Name)

(Last Name)

*Phone Number:

*Company:

*Email Address:

*Company Taxpayer ID No.:

Payor ID No. :

*Complaint Caption or any other applicable identification of the Complaint being filed :

*Total Payment:

Reduced Payment:

MMS has granted a fee reduction for this complaint pursuant to 30 CFR 291.109.

Submit Data