



CONSTITUENT ASSISTANCE AUTHORIZATION FORM

To be of assistance to you, it will be necessary for you to complete and sign this authorization form and return it to me at the address listed below. Thank you for the opportunity to serve you.

Name: _____

Address: _____ City: _____ Zip: _____

Daytime phone: _____ e-mail: _____

Would you like to receive e-mail newsletters?

Yes: No:

Date of birth: _____ Social Security Number: _____

Month Day Year

VA Claim # (if applicable): _____ Immigrant reg. # (if applicable): _____

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Please provide a brief description of the problem:

This information may also be released to (spouse, parent, attorney, etc.): _____

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The Privacy Act of 1974 states that Federal and State Government Agencies are prohibited from releasing any information or discussing anything regarding another individual without that individual's written permission.

Your signature on this page authorizes me, as your Congressman, to contact the proper officials on your behalf, discuss the matter, and receive any pertinent information.

Signature: _____ Date: _____

This form may be returned to:

YAKIMA OFFICE
 402 E. Yakima Avenue, Suite 760
 Yakima, WA 98901
 (509) 452-3243
 Fax: (509) 452-3438

TRI-CITIES OFFICE
 2715 St. Andrews Loop, Suite D
 Pasco, WA 99301
 (509) 543-9396
 Fax: (509) 545-1972