

CONGRESSMAN SCOTT MURPHY
CONGRESSIONAL CASEWORK AUTHORIZATION FORM
Under the provisions of the privacy act of 1974

Name: Mr. Mrs. Ms. _____

Current Residential Address: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone: (Home) _____ (Work) _____

Social Security Number: _____ Date of Birth: _____

Federal Agency involved: _____

Are you a veteran: Yes ___ No ___ What Branch of Service? _____

I request the assistance of Congressman Scott Murphy in the following federal matter:
(Please provide a brief explanation of your problem and attach photocopies of documents relevant to this case. Use additional paper as necessary.)

Please answer the following questions:

Have you previously contacted our office regarding this matter?	Yes	No
Have you appealed the agency decision on this matter?	Yes	No
Are you represented by an attorney in this matter?	Yes	No
If so, may we discuss your case with your attorney?	Yes	No

I authorize Congressman Scott Murphy and his staff to discuss my case with anyone necessary and to act on my behalf to transmit and/or receive information pertinent to my request for assistance. Also, I understand that I am not required to make payment, in any form, for services rendered to me from the Office of Rep. Scott Murphy.

Signature: _____ Date: _____

Please print and return this form to the office nearest to you:

Congressman Scott Murphy 136 Glen Street Glens Falls NY 12801 Fax: 518-743-1391	Congressman Scott Murphy 487 Broadway Saratoga Springs, NY 12866 Fax: 518-581-8430	Congressman Scott Murphy 623 Warren Street Hudson, NY 12534 Fax: 518-828-3985
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