Honorable Gus Bilirakis

35111 US Hwy 19 N, Ste 301, Palm Harbor FL 34684

727-773-2871; 1-866-773-2871 (toll free); 727-784-6471 (fax)

PRIVACY FORM

(Please fill out and send with any appropriate backup documentation to the address above)

In compliance with the Freedom of Information and Privacy Acts, I hereby authorized Congressman Gus Bilirakis to obtain information concerning me in the files of:

_____

(Department or Agency)

PLEASE PRINT:

NAME _____

(Mr._____ Mrs._____ Miss _____ Ms._____ Other_____)

ADDRESS _____

(Street)

_____

(City, State, Zip)

TELEPHONE_____

(Home) (Business)

SS# _____**DATE OF BIRTH**_____

IDENTIFICATION NUMBER _____

(Such as VA#, CSA#, or Alien Registration Number, if applicable)

HAVE YOUR REQUESTED ASSSITANCE FROMTHIS OFFICE BEFORE?_____

If yes, regarding:_____

PLEASE STATE THE NATURE OF PROBLEM (PLEASE PRINT)

_____

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SIGNATURE: _____**DATE:**_____