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Congressman David G. Reichert

Member of Congress
Washington's 8th Congressional District

www.reichert.house.gov

Casework Authorization Form

Please print legibly

Full Name:		Date of Birth:	
...on behalf of: *(if applicable)*		Social Security #:	
Relationship: *(if applicable)*		Home Phone #:	
Mobile Phone #:		Work Phone #:	
E-mail:		Fax #:	
Mailing Address:		Physical Address: *(if different)*	

City:		State:		Zip Code:	

Claim/File #: *(LIN # / Case # / Alien # / File #, etc.)*	
Federal Agency(ies) involved:	

Constituent Permission

Please Note: The Privacy Act requires that you authorize access to your private records and authorize this office to release information. Without your authorization, an inquiry on your behalf will not be possible.

Desired Resolution:	

Please give a detailed description of your situation with the specified federal agency.
(Please feel free to use additional sheets of paper):

I hereby request the assistance of the Office of United States Representative David G. Reichert in resolving the matter described in this document and I authorized Reichert and his staff to receive and/or release any information needed to provide assistance.

Signature:		Date:	

Please print and fax or mail to our District Office along with copies of any other documentation that you think might be helpful to us when making an inquiry on your behalf. Please understand that you are responsible for all your original documents or copies, and must retain these for your records. We are not permitted to accept gifts for any services you receive. Your signature above is acknowledgement of this policy. We look forward to assisting you. Thank you.