

PRIVACY ACT COMPLIANCE FORM

DATE: _____

***NOTE: The Internal Revenue Service requires a different Privacy Act form. If you are having a problem with the IRS, please call Congressman Jordan’s office to request that form.

Dear Congressman Jordan:

I am providing the following information and request assistance in this matter. I understand that this form is being used in compliance with the Privacy Act of 1974, and that all information released to your office will be held in the strictest confidence. You and members of your staff have my full authorization and permission to receive and review any information in my file or elsewhere, so that your office may be of maximum assistance.

FULL NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE/FAX WITH AREA CODE: _____

EMAIL ADDRESS _____

COUNTY _____

SOCIAL SECURITY NUMBER: _____

OTHER IDENTIFICATION NUMBER, IF APPLICABLE: _____

BRANCH OF SERVICE, IF APPLICABLE: _____

DATE OF DISCHARGE, IF APPLICABLE: _____

DATE OF BIRTH: _____

SIGNATURE: _____

BRIEF SUMMARY OF THE PROBLEM:

Residents of Allen, Auglaize, Champaign, Crawford, Logan, Sandusky, Seneca, Shelby and Union Counties and residents within the 4th District areas of Erie, Huron, Lorain, Marion and Mercer.

PLEASE RETURN THIS FORM AND COPIES OF ANY PERTINENT INFORMATION TO THE OFFICE BELOW:

Congressman Jim Jordan 3121 West Elm Plaza, Lima, Ohio 45805
Phone 419-999-6455, FAX 419-999-4238