



Congresswoman Eleanor Holmes Norton Request for Federal Assistance.

Provide Your Full Name, Residence Address, and Contact Information in the District of Columbia

First Name

Middle Name

Last Name

D.C. Residential Address Including Street, Quadrant, and Apartment or Unit

Zip Code

Phone

E-Mail

Please Check the Agency(ies) Involved. Provide the information to identify you and to locate your file.

Defense

OPM

Social Security

State

Post Office

Veterans

Army

Navy

USMC

Air Force

Coast Guard

Other Federal Agencies Involved, **If Applicable**

Social Security Number, **If Applicable**

Birth Date MM/DD/YYYY

Account, Claim, File, Locator, Receipt, or Other Agency Reference Number Used to Identify You or Your Files

Military Rank, **If Applicable**

Military Unit, **If Applicable**

Travel Date or Deadline (MM/DD/YYYY)
Document, If Applicable

Briefly describe the problem. Please state the result you want in the space provided.

Additional Space on the Reverse. Required Fields are in **Red**

First Name

Middle Name

Last Name

Simply state the result you want below:

Feel free to attach additional pages and copies of relevant documents. Recent agency notices are helpful.

If you do not receive your mail at your residence, Please provide your alternative address:

- Pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a, I authorize the agency(ies) to release such information necessary and relevant to respond to the matter stated in this request to Congresswoman Eleanor Holmes Norton and to her staff.
- I authorize the agency(ies) to furnish Congresswoman Norton and her staff with copies of relevant documents, and to discuss any matter related to my inquiry.
- I understand the Privacy Act of 1974 prohibits the release of information without my written authorization.
- I understand this form does not constitute a Power of Attorney.
- I authorize Congresswoman Eleanor Holmes Norton and to her Staff to request and to access to all records and reports relevant to this request for assistance.

Signature in Ink

Date Signed (MM/DD/YYYY)

Sign, scan, and e-mail your request to: Norton.Casework@Mail.House.Gov or mail it to:

Congresswoman Eleanor Holmes Norton

90 K Street NE, Suite 100

Washington, DC 20002

Voice: 202-408-9041

FAX: 202-408-9048