

# United States Senator Bob Bennett

## Constituent Release Form

To allow Senator Bennett and his staff to assist in your case, please complete this form and return to Senator Bennett's office nearest you.

Name: \_\_\_\_\_

List relevant case numbers:

Address: \_\_\_\_\_

SS#: \_\_\_\_\_

\_\_\_\_\_

VA#: C-\_\_\_\_\_

\_\_\_\_\_

IRS#: 82-\_\_\_\_\_

Phone: \_\_\_\_\_

INS#: A-\_\_\_\_\_

Describe your problem. Please list relevant information about your case, including the federal agency involved, important dates, and latest action. You may use the reverse side of this form or attach additional pages as needed.

---

---

---

---

---

I am requesting that the office of Senator Bob Bennett investigate this matter on my behalf. Any information that may be of assistance to Senator Bennett and his staff in resolving this problem may be released to them. I understand that this form is being used in accordance with the Privacy Act of 1974.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_