



**Congressman Joe Pitts**  
 Berks, Chester, and Lancaster Counties



**PRIVACY ACT CONSENT FORM**

**Return to:**

**Chester and Berks Counties:**

Post Office Box 837  
 Rts. 82 & 926  
 Unionville, PA 19375

**Lancaster County:**

Office of Congressman Joe Pitts  
 Lancaster County Courthouse, 5<sup>th</sup> Floor  
 50 North Duke Street  
 Lancaster, PA 17602

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**ID Number (if applicable):** \_\_\_\_\_

I, \_\_\_\_\_, authorize **Congressman Joe Pitts** and/or a member of his staff to make inquiries of federal agencies and to view confidential information so that they can be of assistance to me with the below referenced matter.

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

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

**Name (please print clearly):** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Daytime Phone:** (\_\_\_\_) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Fax:** (\_\_\_\_) \_\_\_\_\_

Explain as clearly and briefly as you can the nature of your problem and what you are asking Congressman Pitts to do on your behalf: