

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES

Washington, DC 20515

Constituent Request & Release Form

In order to be of service to you, I need to know the following information about your problem:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Social Security #: _____ Date of Birth: _____

"A" Number: _____ Receipt Number #: _____

VA "C" #: _____ Military Serial #: _____

Please describe your problem in detail. You may use the space below or additional sheets as necessary. Please enclose copies of any pertinent correspondence.

Pursuant to the Privacy Act of 1974, I authorize Congressman Radanovich's office to obtain any information to assist me with the above matter.

Signature: _____ Date: ____/____/____

Please Return to:

Congressman George Radanovich
1040 E. Herndon Ave., #201
Fresno, CA 93720