

**CONGRESSMAN BEN CHANDLER**

Sixth Congressional District Office  
1010 Monarch Street, Suite 310  
Lexington, Kentucky 40513  
Telephone: (859) 219-1366 Fax: (859) 219-3437

**CONSTITUENT SERVICES FORM**  
**PRIVACY ACT RELEASE**

**SECTION I – GENERAL INFORMATION**

- FULL NAME \_\_\_\_\_
- MAILING ADDRESS \_\_\_\_\_
- CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_
- PHONE NUMBERS: HOME (    ) \_\_\_\_\_ OTHER (    ) \_\_\_\_\_
- EMAIL ADDRESS: \_\_\_\_\_
- BIRTH DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_
- HAVE YOU EVER CONTACTED CONGRESSMAN CHANDLER BEFORE? \_\_\_\_ YES \_\_\_\_ NO

**SECTION II- CASE INFORMATION**

- AGENCY CASE, CLAIM, OR FILE NUMBER \_\_\_\_\_
- HAVE YOU CONTACTED ANY OTHER CONGRESSMAN OR SENATOR ABOUT THIS MATTER?  
\_\_\_\_ YES \_\_\_\_ NO IF YES, WHO? \_\_\_\_\_
- IS THIS MATTER CURRENTLY PENDING BEFORE ANY FEDERAL, STATE, LOCAL, CRIMINAL  
OR CIVIL COURT? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, LIST NAME & LOCATION OF COURT \_\_\_\_\_
- **BRIEFLY DESCRIBE WHAT YOU WOULD LIKE CONGRESSMAN CHANDLER TO DO ON  
YOUR BEHALF:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT-** WITH THIS FORM PLEASE INCLUDE A PRINTED OR TYPED **DESCRIPTION OF YOUR PROBLEM.** LIST ANY STEPS THAT HAVE BEEN TAKEN TO RESOLVE THE SITUATION AND INCLUDE OBSTACLES YOU HAVE ENCOUNTERED.

PLEASE **ATTACH COPIES, NOT ORIGINALS,** OF ANY RELATED DOCUMENTATION WHICH MAY BE PERTINENT TO YOUR CASE.

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**CONTINUED ON THE BACK**

**SECTION III- INTERESTED PARTIES**

PLEASE LIST OTHER PERSONS WITH WHOM YOU WISH US TO SHARE INFORMATION REGARDING YOUR CASE.

NAME:	TITLE:	TELEPHONE #:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION IV- PRIVACY ACT RELEASE**

In accordance with Title 5, Section 552 (a), of the United States Code (1974 Privacy Act), I hereby authorize Congressman Ben Chandler and those acting on his behalf, to obtain any and all information pertaining specifically to this matter in accordance with applicable laws and regulations.

SIGN HERE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRINT NAME HERE: \_\_\_\_\_

**PLEASE SIGN AND RETURN COMPLETED FORM AND CASE INFORMATION TO:**

**CONGRESSMAN BEN CHANDLER  
ATTENTION: CONSTITUENT SERVICES DIRECTOR  
1010 MONARCH STREET, SUITE 310  
LEXINGTON, KENTUCKY 40513**

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE OFFICE AT (859) 219-1366