

CONSTITUENT REQUEST

Constituent Information:

Name: _____ Date of Birth: _____

Address: _____ SSN: _____

_____ Cell Phone: _____

Telephone: _____ E-Mail: _____

Type of benefits applied for: _____ Date: _____

At which office did you apply?: _____

If other than own account, please list the name of the person whose account you're filing on and their SSN:

Name: _____ SSN: _____

Briefly describe problem or inquiry (use reverse side if necessary):

I request U.S. Congressman Joe Donnelly to:

Constituent Authorization:

I am aware that the Privacy Act of 1974 prohibits the release of my personal information without my expressed, written consent. I hereby authorize U.S. Congressman Joe Donnelly, or a staff representative designated by him, to inquire on my behalf to _____.

Signed: _____ Date: _____

Request must be signed by involved constituent or legally appointed guardian. Return to the Congressman Joe Donnelly's office: 207 West Colfax, South Bend, IN 46601. Phone: 574-288-2780, Fax: 574-288-2825

Name and Address of Guardian: _____

Inter-Office Information

Office Contacted: _____ Call/Visit: _____ Staff Member: _____