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Congressman David G. Reichert

Member of Congress
 8th Congressional District
 Washington State



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www.house.gov/reichert

Casework Authorization Form

Please print legibly

Full Name:				Date of Birth:	
on behalf of: <small>(if applicable)</small>				Social Security#:	
Relationship: <small>(if applicable)</small>				Home Phone#:	
Mobile Phone#				Work Phone#:	
E-mail:				Fax#:	
Mailing Address:			Physical Address: <small>(if different)</small>		
City:		State:		Zip Code:	
Claim/File #:	<small>(Examples include: LIN#/Alien#/Case#/File#)</small>				
Federal Agency(ies) involved:					

Constituent Permission

Please Note: The Privacy Act requires that you authorize access to your private records and authorize this office to release information. Without your authorization, an inquiry on your behalf will not be possible.

I hereby request the assistance of the Office of United States Representative David G. Reichert in resolving the matter described in this document and I authorize Representative Reichert and his staff to receive and/or release any information needed to provide assistance.

Signature:				Date:	
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Please give a detailed description of your situation with the specified federal agency (please feel free to use additional sheets of paper):

Desired Resolution: _____

Please print and fax or mail to our District Office along with copies of any other documentation that you think might be helpful to us when making an inquiry on your behalf. We are not permitted to accept gifts for any services you receive. We look forward to assisting you. Thank you.