

AUTHORIZATION FORM

IMPORTANT: In order for your form to be processed, you must SIGN and DATE this document in the spaces provided below. We can only assist residents of the 45th District. If you do not reside in Congresswoman Bono's district, please contact your Representative.

NAME: _____ SOCIAL SECURITY: _____

ADDRESS: _____ APARTMENT: _____

CITY AND STATE: _____ ZIP CODE: _____

PHONE, HOME: _____ PHONE, WORK: _____

BIRTH DATE: _____ BIRTHPLACE: _____

I request assistance from the office of Congresswoman Mary Bono in the following federal matter:

Social Security / Medicare _____
Social Security Number

Veterans Administration _____
C#, CSS#, OR LHG #

Military _____
Branch

Other federal agency _____
Agency name

SUMMARIZE IN A FEW SENTENCES EXACTLY WHAT YOU WANT US TO DO FOR YOU. Please be specific. Attach a full description of your problem to this form.

The Privacy Act of 1974 (PL 93-579) requires that you authorize access to your private records. Without your authorization, an inquiry on your behalf will not be possible.

SIGNATURE: _____ DATE: _____

If you want information from your file provided to ANY OTHER AGENCY DEEMED NECESSARY, you must authorize this by signing in the space provided below.

SIGNATURE: _____ DATE: _____

Please return this form to the closest location:

PALM SPRINGS OFFICE 707 E. Tahquitz Canyon Way Suite #9 Palm Springs, CA 92262 Phone: (760) 320-1076; Fax: (760) 320-0596	HEMET OFFICE 1600 E. Florida Ave., Suite 301 Hemet, CA 92544 Phone: (951) 658-2312; Fax: (951) 652-2562
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