



# Congressman Chaka Fattah

2<sup>nd</sup> Congressional District of Pennsylvania  
 Constituent Services Form: Agency Assistance



To open a case, please complete this Agency Assistance Questionnaire and Privacy Release Form and return it to my Philadelphia office. The 1974 Privacy Act requires that you provide me with your written consent before my constituent representatives can contact a federal agency on your behalf.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City & Zip Code: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please provide any other tracking numbers relevant to your case, such as Veteran Case Identification number, CSA number, IRS number, INS number: \_\_\_\_\_

Federal agency you need help with: \_\_\_\_\_

Brief description of the problem (attach more pages if necessary):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby request the assistance of the Office of Congressman Fattah in addressing the matter described above, and authorize Congressman Fattah and his staff to receive any information that they may need in order to provide this assistance.

\_\_\_\_\_  
 Signature\* \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\*Note: In order to comply with the provisions of the Privacy Act of 1974 and to be of assistance with claim(s), it is necessary that your signature be on file. (Sign with blue or red pen.)

**Please print and mail original to:**  
 Congressman Chaka Fattah  
**Attention: Ilona P. Grover**  
 4104 Walnut Street  
 Philadelphia, PA 19104  
 (215) 387-6404

(Please attach copies of any supporting documents)