

CONSTITUENT REQUEST

Constituent Information:

Name: _____

Date of Birth: _____

Address: _____

SSN: _____

Phone: _____

E-Mail: _____

Cell Phone: _____

Yes, I would like to receive Congressman Donnelly's Electronic Newsletter

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 all appropriate agencies and organizations.

Signed: _____

Date: _____

Request must be signed by involved constituent or legally appointed guardian. Return to 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: _____

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

Name: _____

SSN: _____

Inter-Office Information:

Office Contacted: _____

Call/Visit: _____

Staff Member: _____

Revised: 4-2-09