



CONGRESSMAN JACK KINGSTON
CASEWORK AUTHORIZATION FORM



Please complete this form and return to my district office nearest you.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone _____

Social Security Number: _____ Date of Birth: _____

Agency Involved: _____

Numbers Identifying Case (VA claim, tax ID, etc.): _____

Date and Place Claim was filed: _____

Please describe problem in detail and what assistance you are seeking: _____

If additional space is needed, please use another sheet of paper and attach.

In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Jack Kingston or a member of his staff to make the appropriate inquiry on my behalf so that they may assist me with my request.

Signature

Date (MM/DD/YYYY)

Baxley

Post Office Box 40
Baxley, GA 31515
Phone: (912) 367-7403
Fax: (202) 226-2269

Brunswick

1510 Newcastle Street,
Suite 200
Brunswick, GA 31520
Phone: (912) 265-9010
Fax: (912) 265-9013

Savannah

1 Diamond Causeway,
Suite 7
Savannah, GA 31406
Phone: (912) 352-0101
Fax: (912) 352-0105

Valdosta

Post Office Box 5264
Valdosta, GA 31603
Phone: (229) 247-9188
Fax: (202) 226-2269