

CONGRESSMAN TRENT FRANKS PRIVACY ACT RELEASE

Please print:

Date: Cor	nstituent's Name:	4
Mailing Address:		
City:	State:	ZIP:
Social Security Number:		
Other Identification Numbers (Claim		
Daytime Telephone Number:		
Email address:		
	PTION OF INQUIRY OR CLAI	
What is the federal agency involved	d?	
What steps have you taken to resolv	ve your issue with this agency?	
Attach the most recent corresponde	nce from the agency to this form.	
Briefly describe the problem or que behalf:	estion you want Congressman Fra	nks to inquire about on your
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	A x x	
5		(Continue on back if necessary)
Pursuant to the Privacy Act, I (print nan and authorized consent to Congressman inquiry on my behalf to the appropriate	Trent Franks, or his designated staff	give my personal representative, to make proper
Constituent's Signature:	·	Date:

Please print or fax this form to: The Honorable Trent Franks, 7121 W. Bell Road, Ste. 200, Glendale, AZ 85308. Fax: 623-776-7832. Please call 623-776-7911 with any additional questions.