

REQUEST FOR CONGRESSIONAL ASSISTANCE

PLEASE PRINT AND RETURN TO:

Congressman Frank Wolf
13873 Park Center Rd, Ste 130
Herndon, VA 20171-5802

Phone: (703) 709-5800

Fax: (703) 709-5802

Full Name: _____

Address: _____

City: _____ State: VA Zip: _____

Telephone: (H) _____ (W) _____

E-mail: _____

Social Security Number: * _____

Identification / Case File Number: * _____

*My office needs these identification numbers to assist in handling you case.

I, _____, do hereby request that Congressman Frank R. Wolf contact the appropriate agency(ies) on my behalf. I understand that this will open my private files to the Congressman so that he can assist me in my difficulties as explained below.

Please include a complete written description of your situation and enclose photocopies of pertinent documents, letters and certificates. **PLEASE DO NOT SEND ORIGINAL COPIES OF ANY DOCUMENTS.**

Signature: _____ Date: _____