



CONGRESSMAN DAN BURTON

PRIVACY ACT RELEASE

please print

County: _____

Date: _____

Constituent's Name: _____ Spouse's Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Social Security Number: _____ Any Other Identification Numbers: _____

Daytime Telephone Number: _____

Date of Birth: _____

DESCRIPTION OF INQUIRY OR CLAIM

What agency do you want Congressman Burton to contact?

What steps have you taken to resolve your issue with this agency?

Attach the most recent correspondence from the agency to this form.

Briefly describe the problem or question you want Congressman Burton to inquire about on your behalf:

(Continue on back if necessary)

Pursuant to the Privacy Act, I (print your name) _____ give my personal and authorized consent to Congressman Dan Burton, or his designated staff representative, to make proper inquiry on my behalf to the appropriate agency.

Constituent's Signature Date