

CONGRESSMAN HENRY CUELLAR

IN ORDER TO SERVE YOU, THIS FORM MUST BE COMPLETED IN FULL BY THE PERSON REQUESTING HELP OR HIS/HER POWER OF ATTORNEY

To: CONGRESSMAN HENRY CUELLAR
100 SOUTH AUSTIN, SUITE 1
SEGUIN, TX 78155
PHONE: 830-401-0457
FAX: 830-379-0984



PLEASE BRIEFLY EXPLAIN THE NATURE OF YOUR PROBLEM ALONG WITH WHAT ACTIONS YOU HAVE TAKEN:

HAVE YOU CONTACTED ANY OTHER CONGRESSIONAL OFFICE (HOUSE OR SENATE) WITH THIS ISSUE? IF YES, PLEASE LIST REPRESENTATIVES OR SENATOR:

PLEASE PRINT THE FOLLOWING INFORMATION (IF APPLICABLE):

NAME

SOCIAL SECURITY NUMBER

MAILING ADDRESS

CIS ALIEN NUMBER

CITY, STATE, ZIP CODE

VA CLAIM NUMBER

HOME PHONE

DATE OF BIRTH

BUSINESS PHONE

FAX

CELLULAR PHONE

EMAIL

ARE YOU FACING A DEADLINE? YES _____ NO _____ WHEN? _____

ARE YOU CURRENTLY BEING REPRESENTED BY AN ATTORNEY REGARDING THIS MATTER?

YES _____ NO _____

IF "YES", PLEASE PROVIDE THE ATTORNEY'S NAME: _____

IN ACCORDANCE WITH THE PRIVACY ACT OF 1974, I, _____, HEREBY PERSONALLY AUTHORIZE CONGRESSMAN HENRY CUELLAR AND/OR HIS STAFF, AS DESIGNATED BY HIM, TO MAKE ANY AND ALL INQUIRIES WITH FEDERAL, STATE, COUNTY, MUNICIPAL AND OTHER AGENCIES AS NEEDED TO ADDRESS MY REQUEST, BUT NOT LIMITED TO THE ISSUE DESCRIBED ABOVE.

SIGNATURE

DATE

STAFF INITIALS