

Authorization Sheet

Please fill this form out completely, print and fax or mail to my district office nearest you.
All district offices are listed at the bottom of this form.

Date _____

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Social Security Number _____ Date of Birth _____

Agency Involved _____

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

Date and Place Claim was filed _____

Please describe problem in detail and how you would specifically like Congressman Kingston to help:

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.

Sincerely,

(Signature)

Baxley Office

P.O. Box 40
Baxley, GA 31515
Phone: (912) 367-7403
Fax: (912) 367-7404

Brunswick Office

805 Gloucester St.
Room #304
Brunswick, GA 31520
Phone: (912) 265-9010
Fax: (912) 265-9013

Savannah Office

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

Valdosta Office

(Physical Address)
Valdosta Federal Building
401 N. Patterson St.
Second Floor, Room 215
Phone: (229) 247-9188
Fax: (229) 247-9189

(Mailing Address)

P.O. Box 5264
Valdosta, GA 31603