

# Constituent Request for Service



## **Congressman Max Burns**

**U.S. House Of Representatives**

**512 Canon House Office Building**

**Washington DC 20515**

**Phone : 202-225-2823 - Fax: 202-225-3377**

**12th District, Georgia**

# Constituent Request for Service

Congressman Max Burns · 512 Cannon HOB · Washington, DC 20515 · 202-225-2823 · burns.house.gov

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**Personal Information:** Please complete the following and send via postal mail to the address above

Mr. / Mrs. / Ms. / Miss (please circle one)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone (day): \_\_\_\_\_

Phone (night): \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Case Information:** Attach additional pages if necessary. Attach photocopies (no originals please) of all relevant documents.

Agency Involved: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Alien Card #: \_\_\_\_\_

Immigrant Visa#: \_\_\_\_\_

Veteran #: \_\_\_\_\_

Service Record #: \_\_\_\_\_

Claim #: \_\_\_\_\_

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## Privacy Act Statement:

In accordance with the Privacy Act of 1974 (5 USC 552), I hereby authorize Representative Max Burns and his designated staff to seek disclosure of all records relevant to my case from the federal agency involved. (Under the Privacy Act of 1974, we must have formal authorization from you before seeking disclosure of your records. The authorization must be signed by the person whose case is in question.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Description of Problem: \_\_\_\_\_

