OFFICE OF CONGRESSMAN JOHN GARAMENDI

PRIVACY RELEASE FORM/REQUEST FOR CONGRESSIONAL INQUIRY

GENERAL HELP FORM

DATE: _____ SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

NAME: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

Federal Agency: _____

Have you contacted our office before? Yes ☐ No ☐

Have you contacted another congressional office regarding this matter? Yes ☐ No ☐

If "yes" to the above, which office & when? _____

Please briefly explain your problem and outline the steps that have been taken by you and the agency with regards to your situation. If you need additional room, you may attach a letter or write on the back of this form.

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I hereby request the assistance of the Office of United States Representative John Garamendi in addressing the matter described above and authorize Congressman Garamendi or his staff to receive any information and records pertaining to this matter.

SIGNATURE: _____ **DATE:** _____

*Note: In order to comply with the provisions of the Privacy Act of 1974 and to be of assistance with claim(s), it is necessary that your signature be on file. This form does not promise or guarantee any specific action and should in no way be taken as an indication of future results.

Please email, mail, or fax to:

Congressman John Garamendi
Attention: Casework
412 G Street, Davis, CA 95616
Phone: 530-753-5301 Fax: 530-753-5614
Email: CA03.Casework@mail.house.gov