

OFFICE OF CONGRESSMAN JOHN GARAMENDI
PRIVACY RELEASE FORM/REQUEST FOR CONGRESSIONAL INQUIRY



SOCIAL SECURITY/MEDICARE CASEWORK HELP FORM

DATE: _____ SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____
NAME: _____ EMAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____

Have you contacted our office before? _____

Have you contacted another congressional office regarding this matter? _____

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

Type of Claim: _____ Regular SS _____ Disability _____ SSI _____ Overpayment _____ Appeal

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

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 print and mail or fax to:
Congressman John Garamendi
Attention: Casework
412 G Street Davis, CA 95616
Phone: 530-753-5301 Fax: 530-753-5614