



U.S. REPRESENTATIVE MARK DESAULNIER

Constituent Service Request Form

To begin having your case processed, please complete all of the information below. Service request forms must be signed by the individual seeking assistance:

Name: Address: City: State: Zip Code: Phone Number (day): ( ) (mobile): ( ) (evening): ( ) Fax Number: E-mail:

Federal agency with which you need help: Please list anyone else you've contacted about this issue (e.g., government office, nonprofit agency, etc.) How did you hear about us?

Please include the following information only if it pertains to your inquiry:

Social Security#: Date of Birth: OWCP Claim Alien Registration#: Branch of Service: OPM# USCIS Receipt#: Rank: Medicare Claim#: Form#: VA File#: Civil Service Claim#: Date File: Bank/Loan#: Priority Date: Student Lender Name/Loan#

Please state your request for assistance\*: [Multiple blank lines for text entry]

\*Please attach copies of any supporting documentation or additional pages if needed to explain explanation of your request.

Disclosure Authorization

In accordance with the provisions of the Privacy Act, I hereby authorize U.S. Representative Mark DeSaulnier and his staff to receive information pertinent to my request for assistance indicated above.

Signature: Date:

Third Party Disclosure (optional):

I hereby authorize U.S. Representative Mark DeSaulnier and his staff to discuss the results of this inquiry on my behalf with the following individual:

Signature: Date:

Please return this completed form to either:

Walnut Creek District Office 3100 Oak Road, Suite #110 Walnut Creek, CA 94597 Phone: (925) 933-2660 Fax: (925) 933-2677

Richmond District Office 440 Civic Center, 2nd Floor Richmond, CA 94804 Phone: (510) 620-1000 Fax: (510) 620-1005