



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*: _____

*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
101 Ygnacio Valley Road, Suite #210
Walnut Creek, CA 94596
Phone: (925) 933-2660
Fax: (925) 933-2677

Richmond District Office
440 Civic Center, 2nd Floor
Richmond, CA 94806
Phone: (510) 620-1000
Fax: (510) 620-1005