

U.S. REPRESENTATIVE MARK DESAULNIER

Constituent Service Request Form

USCIS Only

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:					
Phone Number (day): ()					
Fax Number:	E-mail:				
Federal agency with which you need	help:				
Please list anyone else you've contacte	d about this issue (e.	g., government	office, nonprofit agency, e	etc.)	
How did you hear about us?					
<u>Please includ</u>	e the following infor	mation only if it	pertains to your inquiry:		
Date of Birth:		Country of Birth:			
		Petitioner/Beneficiary:			
USCIS Receipt#:					
Date File:		Priority Date:			
Please state your request for assistan	ce*:				
			 		
·					
*Please attach copies of any supporting	documentation or a	dditional pages i	f needed to explain expla	nation of your request.	
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D:	gologumo Authonico	tion (og noguing	d by HCCIC)		
<u>DI</u>	sclosure Authoriza	uon (as require	u by USCIS)		
I certify, under penalty of perjury, the document submitted with it; 2) I rev submitted with it; and 3) all of this info	iewed and understa	nd all of the in	nformation contained in	my privacy release and	
In accordance with the provisions of the receive information pertinent to my required			S. Representative Mark D	eSaulnier and his staff to	
Signature (Sign in Ink):		Date:			
	Please return this o	completed form	to either:		
		F			

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Fax: (925) 933-2677

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