



## OFFICE OF CONGRESSMAN SOLOMON P. ORTIZ Constituent Services -- Contact Form

If you have a problem with a federal agency with which Congressman Ortiz can help you, you can fill out this form, print it out - DON'T FORGET TO SIGN IT - and mail or fax it to the office closest to you.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

VA or Other Claim#: \_\_\_\_\_

Describe the problem and explain how Congressman Ortiz can help you: (Attach sheets as necessary)

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**In accordance with the privacy act of 1974, I hereby give Congressman Solomon P. Ortiz and/or his staff representative permission to contact any agency necessary on my behalf to obtain whatever information is required to assist me.**

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

This request must be signed by the person needing assistance (or legal guardian) and returned to Congressman Solomon P. Ortiz at either:

1805 Ruben Torres Blvd., Suite B-27 Paseo Plaza Center Brownsville, Texas, 78526 956.541-1242 or Fax: 956.544-6915	3649 Leopard Suite 510 Corpus Christi, Texas, 78408 361.883-5868 or Fax: 361.884-9201
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