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http://www.house.gov/calvert



Congress of the United States

House of Representatives

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CONGRESSIONAL CASEWORK AUTHORIZATION FORM

PLEASE TYPE OR PRINT OI	NLY		
Name: Mr. Mrs. Ms.	· · · · ·		· · ·
Address:		City:	Zip:
Telephone: (Home)		(Work)	
Social Security Number:		Date of Birth:	
Federal Agency Involved:			

I request the assistance of Congressman Ken Calvert in the following federal matter: (Please provide a brief explanation of your problem and attach photocopies of documents relevant to this case. Use additional paper as necessary.)

Please answer the following questions:

Have you previously contacted our office regarding this matter? Yes No Have you appealed the agency decision on this matter? Yes No

I authorize Congressman Ken Calvert to act on my behalf to transmit and/or receive information pertinent to my request for assistance.

Signed:

Date:

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