

PLEASE GIVE THE DETAILS OF YOUR PROBLEM ON THE REVERSE SIDE OF THIS FORM

Information for Constituent Services

DATE _____

I, _____, in accordance with the provisions of the Privacy Act, hereby authorize
Signature

Congressman Bill Thomas to make inquiries on my behalf with the _____.
Name of Agency

My identification with the agency is: (Complete where applicable)
(Please circle) Mr. Mrs. Ms. Miss

Name _____

_____ Date of Birth

Street _____

_____ Social Security Number

City _____ State _____ Zip _____

Telephone Home _____

_____ VA File Number

Work _____

_____ OWCP File Number

_____ Civil Service Number

If the problem is with the Bureau of
Citizenship and Immigration Services (BCIS)
please provide the following information where applicable:

If the problem is with the military, please
provide the following information:

_____ Type of Application Filed

_____ Branch of Service

_____ Date of Application Filed

_____ Where Stationed

_____ BCIS Office Where Filed

_____ Period(s) of Service

_____ Alien Registration Number

_____ WAC Number (if applicable)

_____ Subject's Name

_____ Subject's Date of Birth

_____ Subject's Place of Birth

Please Return To:

Congressman Bill Thomas, 4100 Empire Drive, Suite 150, Bakersfield, California 93309