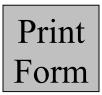
WRITTEN AUTHORIZATION UNDER THE PROVISIONS OF THE PRIVACY ACT OF 1974

Date:			
Dear Congressman Bill Pascrell, Jr.,			
I would like to request assistance with the	ne following problem I	am having with the age	ency listed below.
In keeping with the restrictions of the Prinformation on me, which would be requ			
Signature:			
Please Print or Type:			
Name Address			
Address		ZIP	
Home Phone	Work Phone		
Email Address			
Social Security #			
What steps have you taken so far? If postcontacted.	ssible, please include tl	ne name of the agency o	or persons you have
What has been the results of your efforts	s to date?		
What would you consider a fair outcome	e?		
Thank you.	Please return this fo	rm to:	



Please return this form to:
Rep. Bill Pascrell, Jr.
Robert A. Roe Federal Building
200 Federal Plaza, Suite 500
Paterson, NJ 07505

