

DATE \_\_\_\_\_

## CONSTITUENT SERVICE FORM

Congressman Todd R. Platts

59 West Louther Street Carlisle, PA 17013 (717) 249-0190 (717) 218-0190 Fax 22 Chambersburg Street Gettysburg, PA 17325 (717) 338-1919 (717) 334-6314 Fax 2209 East Market Street York, PA 17402 (717) 600-1919 (717) 757-5001 Fax

Name:		
Address:		
City:	State:	Zip:
Phone (H):	(W)	
Social Security Number:		
Other Federal ID or Claim Numbers:		
Federal agency with which you have a problem:		
Please describe your problem briefly:		

	DATE	
What would you like Congressman	n Platts to do to help?	
authorize Congressman Todd R. connection with my above name	on 552(a), of the United States Code (1974 Privacy Act), . Platts and/or his staff to request assistance on my behaled subject/problem with above named government agenceds with Congressman Platts and/or his staff.	f in
Signature:	Date:	

<sup>\*\*</sup> Under the terms of the Privacy Act, all constituent service requests <u>must</u> include a signature \*\*