

**CONGRESSMAN PAUL GILLMOR
FIFTH CONGRESSIONAL DISTRICT - OHIO
CONSTITUENT RELEASE FORM**

Please print or type

Name: _____

Date: _____

Title: _____

Home phone: _____

Address: _____

Work phone: _____

Soc. Sec. #: _____

E-Mail Address: _____

County: _____

PROBLEM/REQUEST:

In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Paul Gillmor or his staff to make inquiries on my behalf as they relate to the above stated matter.

Signature

Please return this form to:
Congressman Paul Gillmor
96 South Washington Street, Suite 400
Tiffin, Ohio 44883