

Congressional Office
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Washington, DC 20515
Office: 202.225.2006
FAX: 202.225.3392

Representative Cathy McMorris

Member of Congress
5th Congressional District ♦ Washington State

Colville District Office
555 South Main Street, Ste C
Colville, WA 99114
Office: 509.684.3481
FAX: 509.684.3482

Spokane District Office
10 North Post Street, Ste 625
Spokane, WA 99201
Office: 509.353.2374
FAX: 509.353.2412



WWW.MCMORRIS.HOUSE.GOV

Walla Walla District Office
29 South Palouse Street
Walla Walla, WA 99362
Office: 509.529.9358
FAX: 509.529.9379

Request for Congressional Assistance

Constituent Information:

Established Case # _____

Name _____ / _____ / _____
FIRST M.I. LAST Date originally filed

on behalf of _____ Relationship _____

Social Security # _____ - _____ - _____ Date of Birth _____ / _____ / _____

Phone _____ / _____ / _____
HOME WORK CELL FAX

Address _____ Apt / Suite # _____

City _____ State _____ ZIP _____

Home E-mail _____ Work E-mail _____

Description of issue: _____

Desired resolution: _____

Agency Involved _____

CONSTITUENT PERMISSION

Please Note: The Privacy Act requires that you authorize access to your private records and authorize this office to release information. Without your authorization, an inquiry on your behalf will not be possible.

I, PRINT NAME _____ hereby request the assistance of the Office of Representative Cathy McMorris in resolving the matter described above and authorize Representative McMorris and her staff to receive and/or release any information needed in order to provide assistance.

Signature _____ Date _____

Signature _____ Date _____

ISSUE:

- Agriculture
- Internal Revenue Service
- Natural Resources
- Other _____
- Commendation
- Labor
- Native American Affairs
- Social Security
- Economic Development
- Law & Justice
- SSI - Disability
- U.S. Flag
- Education
- Legislation Suggestion
- State Government
- D.C. Tour
- Grant Application
- Local Government(s)
- Transportation
- District Tour
- Homeland Security
- Medicare
- Veterans Affairs
- Photo
- Immigration / Visa
- Military

ROUTING:

5N 5c 5s 5w

REQUEST:

Date of initial contact: _____ / _____ / _____ by _____
 Phone Mail E-mail Walk-In Initials

Release form mailed or faxed _____ / _____ / _____
Signed release form returned _____ / _____ / _____
Follow-up Interview by _____ / _____ / _____

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