

CONGRESSMAN HENRY CUELLAR

IN ORDER TO BETTER SERVE YOU, THIS FORM MUST BE COMPLETED IN FULL
BY THE PERSON REQUESTING HELP OR HIS/HER POWER OF ATTORNEY

To: CONGRESSMAN HENRY CUELLAR
602 E. CALTON RD., SUITE 2
LAREDO, TX 78041
PHONE: 956-725-0639
FAX: 956-725-2647

PLEASE BRIEFLY EXPLAIN THE NATURE OF YOUR PROBLEM:

PLEASE PRINT THE FOLLOWING INFORMATION (IF APPLICABLE):

NAME

SOCIAL SECURITY #

ADDRESS

CIS ALIEN #

CITY, STATE, ZIP

VA CLAIM #

HOME PHONE

DATE OF BIRTH

BUSINESS PHONE

FAX

CELLULAR PHONE

EMAIL

ARE YOU FACING A DEADLINE? YES _____ NO _____ WHEN? _____

ARE YOU CURRENTLY BEING REPRESENTED BY AN ATTORNEY REGARDING THIS MATTER? YES _____ NO _____

IF YES, PLEASE PROVIDE ATTORNEY'S NAME: _____

IN ACCORDANCE WITH THE PRIVACY ACT OF 1974, I, _____, HEREBY
PERSONALLY AUTHORIZE CONGRESSMAN HENRY CUELLAR AND/OR HIS STAFF, AS DESIGNATED BY HIM, TO
MAKE ANY AND ALL INQUIRIES WITH FEDERAL, STATE, COUNTY, MUNICIPAL AND OTHER AGENCIES AS NEEDED
TO ADDRESS MY REQUEST, BUT NOT LIMITED TO, THE ISSUE DESCRIBED ABOVE.

SIGNATURE

DATE

STAFF INITIALS