



OFFICE OF U.S. REPRESENTATIVE BETTY SUTTON (OH-13)

REQUEST FOR ASSISTANCE

PERSONAL INFORMATION

Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip Code _____

E-mail Address _____ Social Security Number _____

Only include your Social Security number if required for your case.

CASE DETAILS

Please state the nature of the problem you wish Representative Sutton to address. Attach additional sheets if needed.

Dear Congresswoman Sutton,

I am requesting your assistance in a matter involving the federal government.

Multiple horizontal lines for writing the case details.

CONSENT

Signature _____ Date _____

I understand Congresswoman Sutton or her staff may review federal records and personal information as needed to process my request for assistance. I hereby authorize the appropriate federal agencies to release to you such information. All information will be kept confidential.

PLEASE RETURN BY MAIL, FAX, OR IN PERSON TO:

Congresswoman Betty Sutton
1655 West Market Street, Suite 435
Akron, Ohio 44313
Ph: 330-865-8450
Fax: 330-865-8470

OR

Congresswoman Betty Sutton
205 West 20th Street, Suite M230
Lorain, Ohio 44052
Ph: 440-245-5350
Fax: 440-245-5355