



U.S. Representative Ron Klein

Constituent Service Request Form

Name: _____

Address: _____ City: _____ Zip Code: _____

Telephone Number (day): _____ (evening): _____

Fax Number: _____ E-mail: _____

Please include the following information only if it pertains to your inquiry:

Veterans Claim #: _____ Civil Service #: _____

Social Security #: _____ Medicare Claim #: _____

Immigration A# or Receipt #: _____ Date of Birth: _____

Please state your request for assistance*: _____

*Please attach an explanation of your situation, copies of pertinent documents, letters, etc.

Disclosure Authorization

In accordance with the provisions of the Privacy Act, I hereby authorize U.S. Representative Ron Klein and his staff to receive information pertinent to my request for assistance indicated above.

Signature: _____ Date: _____

Third Party Disclosure (optional)

I hereby authorize U.S. Representative Ron Klein and his staff to discuss the results of this inquiry on my behalf with the following individual: _____

Signature: _____ Date: _____

Please return this completed form to:

U.S. Representative Ron Klein

800 East Broward Boulevard Suite 300 • Ft. Lauderdale, FL 33301-2024

Telephone: (954)-522-4579 • Fax: (954) -522- 4965