OFFICE OF U.S. SENATOR LISA MURKOWSKI

-	
DATE:	
FULL NAME	E OF CONSTITUENT:
ADDRESS:	
HOME PHO	NE: BUSINESS PHONE:
Comments/Pr	oblem:
SSN:	Veteran or Military ID#:
Tax Form(s):	Tax Year(s):
Date of Birth:	
	WAIVER OF PRIVACY
I hereby author	orize the release of all relevant portions of my records or the discussion on
	problems involved in this case to U.S. Senator Lisa Murkowski or any
	ember of her staff.
Signature:	Date: