

Congressman Brian P. Bilbray Privacy Authorization Form PLEASE <u>PRINT OR TYPE</u> IN BLUE OR BLACK INK

In accordance with the Privacy Act of 1974 (5 U.S.C. § 552), I hereby authorize Congressman Brian P. Bilbray or a designated member of his staff, to inquire with the appropriate federal agencies stated below to provide assistance or to resolve the matter described below.

Signature Date By Federal law Congressional staff cannot involve themselves in private legal matters, litigation, or represent constituents in judicial proceedings. Full Name: Mr. /Ms. /Mrs.____ Address: _____ City: ______ State: _____ ZIP Code: ______ Phone (Daytime):_____ Phone (Evening): _____ e-mail Address: Social Security Number: _____ Date of Birth: _____ Federal Agency Involved: Claim or Agency Case Number: Briefly state your situation or difficulty in which you are requesting my assistance. Include details regarding the current status and any corrective measures you have taken to resolve this matter. *

* Please use additional sheets as necessary or attach and when submitting provide copies (no originals) of any documentation you may have relating to your issue.

ONCE COMPLETED PLEASE MAIL OR FAX THIS FORM TO:

Congressman Brian P. Bilbray 380 Stevens Avenue, Suite 212 Solana Beach, CA 92075 Telephone: (858) 350-1150 Fax: (858) 350-0750