



## U.S. REPRESENTATIVE SAM FARR

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FEDERAL AGENCY: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CASE/SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please briefly explain the problem you are currently experiencing with a federal agency:

Please describe the nature and date of your latest correspondence or contact with the agency: -

Have you contacted Congressman Farr before regarding this matter? If so, when? \_\_\_\_\_

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By signing this form, I hereby authorize Congressman Sam Farr to contact the above-mentioned agency, and to have access to any files or documents that may be related to the above-mentioned problem. I also understand that the information I have provided will be forwarded to the appropriate agency(ies).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail/fax this form to: Congressman Sam Farr  
100 West Alisal Street  
Salinas, CA 93901  
Phone: 831-424-2229/ Fax: 831-424-7099