

BILL PASCRELL, JR.
8TH DISTRICT, NEW JERSEY



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Congress of the United States

House of Representatives

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Dear Congressman/Senator _____:

I request that you or your designated staff member investigate the situation outlined below. I understand this form is being used in compliance with the freedom in Information Act and the Privacy Act of 1974.

Signature of Applicant/Beneficiary _____ DATE _____

(Please print or type)

NAME _____

OTHER NAMES IF ANY _____

DATE & COUNTRY OF BIRTH _____

IMMIGRATION/ALIEN NUMBER A _____

TYPE OF APPLICATION _____

DATE OF CANCELLED CHECK OR RECEIPT _____

DATE AND PLACE INTERVIEWED _____

BRIEF NARRATIVE OF PROBLEM _____

CURRENT ADDRESS _____

OFFICE PHONE # _____ HOME PHONE # _____

Please enclose copies of all pertinent documents.

FOR CONGRESSIONAL USE ONLY:

CONGRESSIONAL OFFICE/CONTACT _____

PHONE _____ FAX _____

DATE RECEIVED _____ DATE SENT TO INS _____