Congressman Daniel Webster

CONGRESSIONAL CASEWORK AUTHORIZATION FORM

Under the provisions of the privacy act of 1974



Please Type or Print Only	
Date:	
Name:	
Address:	
City, State, Zip:	
Email Address:	
Home Phone:	Work Phone:
Social Security Number:	Date of Birth:
Agency Involved:	
	#, tax ID #, etc):
I request the assistance of Congressman Daniel V (Please provide a brief explanation of your problem an case. Use additional paper as necessary.)	
In accordance with the provisions of the Privacy member of his staff to make the appropriate inc	Act, I hereby authorize Congressman Webster or a quiry on my behalf.
Signature:	Date:
	sman Daniel Webster, 300 W. Plant St, Winter
Garden, Florida 34787	