

PRIVACY ACT COMPLIANCE FORM

DATE: _____

***NOTE: The Internal Revenue Service requires a different Privacy Act form. If you are having a problem with the IRS, please contact Congressman Jordan's office to request that form.

Dear Congressman Jordan:

I am providing the following information and request assistance in this matter. I understand that this form is being used in compliance with the Privacy Act of 1974, and that all information released to your office will be held in the strictest confidence. You and members of your staff have my full authorization and permission to receive and review any information in my file or elsewhere, so that your office may be of maximum assistance.

FULL NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE NUMBER WITH AREA CODE: _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

OTHER IDENTIFICATION NUMBER, IF APPLICABLE: _____

BRANCH OF SERVICE, IF APPLICABLE: _____

DATE OF DISCHARGE, IF APPLICABLE: _____

DATE OF BIRTH: _____

SIGNATURE: _____

BRIEF SUMMARY OF THE PROBLEM:

PLEASE RETURN THIS FORM AND COPIES OF ANY PERTINENT INFORMATION TO THE APPROPRIATE OFFICE CIRCLED BELOW:

Residents of Hancock,
Hardin, Logan and Wyandot
Counties:

Congressman Jim Jordan
100 East Main Cross, Suite 201
Findlay, Ohio 45840
419-423-3210
419-423-3233 fax

Residents of Allen, Auglaize,
Champaign, and Shelby
Counties:

Congressman Jim Jordan
3121 West Elm Plaza
Lima, Ohio 45805
419-999-6455
419-999-4238 fax

Residents of Marion, Morrow
and Richland Counties:

Congressman Jim Jordan
24 West Third St, Rm 314
Mansfield, Ohio 44902
419-522-5757 phone
419-525-2805 fax