

Request for Assistance

SENATOR JERRY MORAN

NAME		HOME PHONE ()		
ADDRESS		CELL PHONE		
CITY		WORK PHONE ()		
STATE	ZIP	COUNTY	EMAIL	
SS#	Medicare#		CLAIM#/CASE#	
	(Provide these numbe	rs only if necessary	to investigate your case.)	
Dear Senator Mora	an:			
request, on my be	·	eral agency or age	leral government. I hereby authorize your office to ncies investigate the following:	
	· ·	•	74, that the agency or agencies involved have my ase or claim to the office of Senator Jerry Moran.	
SIGNATURE			DATE	

Please return this completed form and any other relevant information to:

WICHITA OFFICE

Senator Jerry Moran: P.O. Box 781753, Wichita, KS 67278 Phone: 316-631-1410, Fax: 316-631-1297