

MARIO DIAZ-BALART
21ST DISTRICT, FLORIDA

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APPROPRIATIONS COMMITTEE
SUBCOMMITTEES:
FINANCIAL SERVICES AND
GENERAL GOVERNMENT
VICE CHAIR

Congress of the United States
House of Representatives
Washington, DC 20515-0921

DISTRICT OFFICE:
8669 N.W. 36TH STREET, SUITE 100
DORAL, FL 33166
(305) 470-8555
FAX: (305) 470-8575

STATE, FOREIGN OPERATIONS,
AND RELATED PROGRAMS

TRANSPORTATION, HOUSING AND URBAN
DEVELOPMENT, AND RELATED AGENCIES

ASSISTANT WHIP

Due to the Privacy Act of 1974, information of a personal nature cannot be released to my office without your written authorization. To enable my office to make any inquiry on your behalf, federal law requires that a signed consent be obtained from you. While this may seem to be an inconvenience, please understand that this law was enacted to protect your rights to privacy.

NAME: _____ DATE OF BIRTH: _____
(month, day, year)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TEL(home) _____ (cellular) _____ (work) _____

SOCIAL SECURITY _____ VA/CLAIM# _____
(if applicable)

PERM. RESIDENT/ A# _____ CITIZEN _____ PLACE OF BIRTH _____
(if applicable) (country)

E-MAIL ADDRESS

Would you like to receive periodic updates regarding the Congressman? Yes _____ No _____

Have you or any member of your family contacted other Congressional offices regarding this matter?

Yes _____ No _____ If yes, which office: _____

Briefly explain your case and the type of assistance needed. Please print:

I _____, authorize _____ to obtain any information regarding my case.

SIGNATURE: _____ DATE: _____

(Please attach copies of any documents pertinent to your case)

FOR OFFICE USE ONLY

***I authorize the _____ to release any information about my case/file to the Office of
(federal agency)

Congressman Mario Diaz-Balart.

AIDE: _____