

SENATOR MIKE JOHANNS

CONSTITUENT SERVICE FORM

Date _____

Name _____

Address _____

City, State, Zip _____

Phone _____ Cell _____

E-mail Address _____

RETURN FORM TO:
SENATOR MIKE JOHANNS
Attention: _____

SUPPLEMENTAL INFORMATION

Social Security # _____ Veterans Claim # (if Applicable) _____

Date of Birth _____ Civil Service # (if Applicable) _____

Area of Inquiry _____

Specific Goal of Inquiry _____

To encourage better coordination among government offices, have any other agencies or elected officials been contacted about this issue? If so, which ones and when?

Optional proxy designation

If you would like Senator Johannis' Office to be able to communicate your case details with a family member or attorney, please insert that person's name below:

I give permission for _____ to communicate with Senator Johannis' Office on my behalf.

DISCLOSURE AUTHORIZATION

The Privacy Act of 1974 prohibits the government and private entities under contract to administer government programs from revealing information from the personal files of individuals without the express permission of the person involved. Disclosure of personal records to a United States Senator who is acting on behalf of a constituent is prohibited unless the individual to who the record pertains has consented. I, the undersigned, hereby authorize Senator Mike Johannis and his staff to receive information in my file to his inquiry on my behalf.

NAME (please print) _____

SIGNATURE _____

DATE _____

PLEASE ATTACH AN EXPLANATION OF YOUR SITUATION AND COPIES OF PERTINENT DOCUMENTS, LETTERS, ETC.