



OFFICE OF CONGRESSMAN G. K. BUTTERFIELD
CONSTITUENT AUTHORIZATION FORM

(Under the Privacy Act, your signature is required to give our office permission to obtain information from government agencies regarding this matter.)

This gives Congressman G. K. Butterfield and/or his staff authorization to obtain necessary records and make appropriate inquiries about the matter which I have described below.

NAME(S): _____

ADDRESS: _____

_____ ZIP _____

COUNTY: _____

TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

RELATED CLAIM NUMBER: _____

Please briefly describe the problem or situation with which you are requesting intervention:

SIGNATURE: _____ DATE: _____

STAFF INITIALS: _____