



DATE \_\_\_\_\_

# CONSTITUENT SERVICE FORM

*Congressman Todd R. Platts*

59 West Louther Street  
Carlisle, PA 17013  
(717) 249-0190  
(717) 218-0190 Fax

22 Chambersburg Street  
Gettysburg, PA 17325  
(717) 338-1919  
(717) 334-6314 Fax

2209 East Market Street  
York, PA 17402  
(717) 600-1919  
(717) 757-5001 Fax

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security, Medicare or Federal Claim Number: \_\_\_\_\_

Federal agency with which you have a problem: \_\_\_\_\_

Please describe your problem briefly: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like Congressman Platts to do to help? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In accordance with Title 5, Section 552(a), of the United States Code (1974 Privacy Act), I hereby authorize Congressman Todd R. Platts and/or his staff to request assistance on my behalf in connection with my above named subject/problem with the above named government agency. I authorize discussion of my records with Congressman Platts and/or his staff.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Under the terms of the Privacy Act, all constituent service requests must include a signature \*\***

\_\_\_\_ If checked, the Congressional office consents to have confidential information about this inquiry left on voice mail/answering machine