

## CONGRESSWOMAN BETTY SUTTON

## **Request for Assistance**

NAME		Home Ph	
		Work Ph	
	STATE	ZIP CODE	
E	EMAIL		
Social Security Numb	er (Only if required for yo	our case.)	
Dear Congresswoman Sutton:			
I am requesting your assistance in a (Please state the nature of the proble if needed.)		government. Sutton to address. Attach additional shee	ts
SIGNATURE	DATE		
I understand Congresswoman Sutton	n or her staff may review fec sistance. I hereby authorize	leral records and personal information as the appropriate federal agencies to releas	

## Please return by mail, fax, or in person to:

OR

Congresswoman Betty Sutton 39 East Market Street, LL#1 Akron, Ohio 44308-2007 Ph: 330-865-8450

Fax: 330-865-8470

Congresswoman Betty Sutton 205 West 20<sup>th</sup> Street, Suite M230

Lorain, Ohio 44052 Ph: 440-245-5350 Fax: 440-245-5355