



Passport Assistance Request*

Congresswoman Anna G. Eshoo
698 Emerson Street
Palo Alto, California 94301
650-323-2984/408-245-2339/
831-335-2020 (Phone)
650-323-3498 (Fax)

Please Print Clearly

Last Name of Applicant: _____

First Name of Applicant: _____

Delivery Address: _____

Contact Number: _____

E-mail Address: _____

Date of Birth: _____

Passport Locator #: _____

Social Security #: _____

Application Date: _____ Departure Date: _____

Destination: _____

Do you need to apply for a visa to travel? Yes ____ No ____

If yes, how far in advance? _____

Did you request expedited processing? Yes ____ No ____

Is this your first Passport Application? Yes ____ No ____

Are you applying for your child? Yes ____ No ____

If YES, please provide the following:

Your Name: _____

Contact Number: _____

NOTES:

** The Privacy Act of 1974 requires that Members of Congress and their staff have written authorization before they can obtain information about an individual's case. The information contained in this form will be used only for the purposes of assisting constituents with their passport case and kept confidential. If you would prefer not to mail or fax this information in, please call the Palo Alto District Office for immediate assistance.*