



Office of Congressman Brad Sherman Casework Authorization Form

Washington, D.C. • 2242 Rayburn Building • Washington, D.C. • 20515-0524
San Fernando Valley • 5000 Van Nuys Blvd. • Suite 420 • Sherman Oaks, CA • 91403



NAME _____ **DATE** ____/____/20____

ADDRESS _____

CITY _____ **STATE:** CA **ZIP:** _____

PHONE (days) (____) _____ - _____ (evenings) (____) _____ - _____

CELL PHONE: (____) _____ - _____

FEDERAL AGENCY INVOLVED _____
(e.g., Social Security, VA, Passport Agency, etc.)

IDENTIFYING NUMBER _____
(e.g., Social Security Number, case or claim number, etc.)

Please briefly describe below the type of assistance you are requesting and attach copies of any documents related to your case.

I authorize Congressman Brad Sherman and his staff to inquire on my behalf regarding my case and to receive information relating to it.

Signature _____ **Date** _____

Please return to:

Congressman Brad Sherman
5000 Van Nuys Boulevard, Suite 420
Sherman Oaks, CA 91403
Tel. (818) 501-9200 - Fax (818) 501-1554

