

MARIO DIAZ-BALART

25TH DISTRICT, FLORIDA

APPROPRIATIONS COMMITTEE

SUBCOMMITTEES:

TRANSPORTATION, HOUSING AND URBAN
DEVELOPMENT, AND RELATED AGENCIES
CHAIRMAN

STATE, FOREIGN OPERATIONS,
AND RELATED PROGRAMS

DEFENSE

BUDGET COMMITTEE

ASSISTANT WHIP

CONGRESSIONAL HISPANIC CONFERENCE
CHAIRMAN

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WASHINGTON, DC 20515
(202) 225-4211
FAX: (202) 225-8576

DISTRICT OFFICES:

8669 N.W. 36TH STREET
SUITE 100
DORAL, FL 33166
(305) 470-8555
FAX: (305) 470-8575

4715 GOLDEN GATE PARKWAY
SUITE ONE
NAPLES, FL 34116
(239) 348-1620
FAX: (239) 348-3569

Congress of the United States
House of Representatives
Washington, DC 20515-0925

Due to the Privacy Act of 1974, information of a personal nature cannot be released to my office without your written authorization. To enable my office to make any inquiry on your behalf, federal law requires that a signed consent be obtained from you. While this may seem to be an inconvenience, please understand that this law was enacted to protect your rights to privacy.

NAME: _____ **DATE OF BIRTH:** _____
(month, day, year)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME PHONE _____ **MOBILE PHONE** _____ **WORK PHONE** _____

SOCIAL SECURITY# _____ **VA/CLAIM#** _____
(if applicable) (if applicable)

PERM. RESIDENT/ A# _____ **U.S. CITIZEN (YES/NO)** _____ **COUNTRY OF BIRTH** _____
(if applicable)

E-MAIL ADDRESS _____

Would you like to receive periodic updates regarding the Congressman? Yes _____ No _____
Have you or any member of your family contacted other Congressional offices regarding this matter?

If yes, which office: _____

Briefly explain your case and the type of assistance needed. (Please print)

I _____, hereby authorize Congressman Mario Diaz-Balart and his staff to work on my behalf with any federal agency relevant to the matter described above, to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter.

I _____, authorize _____, to obtain any information regarding my case.

SIGNATURE: _____ **DATE:** _____