

9TH DISTRICT, NEW JERSEY

LETTER OF RECOMMENDATION FORM

The following information must be filled out for the office to approve your letter of recommendation along with a copy of your resume and application for the desired position.

Please print.

Name:		
Position of Job/ School you ha	ve applied to:	
Home Phone:	Cell Phone:	Business Phone;
Email Address:		
		Apt.#
City:	State:	Zip Code:
oate Which you Would Like th	ne Letter Completed By:	
Oate Letter Was Requested:		
Please provide a brief descript Office:	ion on why you would like to rece	ive a Letter of Recommendation from the Congressman's

Please print and return this form by fax or mail to: 200 Federal Plaza, Suite 500 Paterson, NJ 07505 Fax: (973)523-0637

Or E-Mail to Ian. Godfrey@Mail. House. Gov