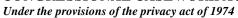
CONGRESSMAN RICK CRAWFORD







Please Type or Print Only		
Name: □ Mr. □ Mrs. □ Ms		
Current Residential Address:		
City:	State:	Zip:
Email Address:		
Telephone: (Home)		(Work)
Social Security Number:		Date of Birth:
Federal Agency Involved:		
Claim or Case Number:		
I request the assistance of Congressr (Please provide a brief explanation to this case. Use additional paper as	of your problem	d in the following federal matter: and attach photocopies of documents relevant
I authorize Congressman Rick Craw information pertinent to my request		to act on my behalf to transmit and/or receive
Signature:		Date:

Please print and return this form to: Congressman Rick Crawford, 2400 E Highland, Suite 300, Jonesboro, AR 72401.