

SIGNATURE:

## OFFICE OF CONGRESSMAN JODY HICE 10TH DISTRICT OF GEORGIA

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## PRIVACY ACT RELEASE

Contact Information: Please provide your mailing address. If either your physical or mailing address is located outside the 10th Congressional District of Georgia, please explain in your statement below.

REFERRED TITLE: MR. MS.	MRS. DR.	OTHER:
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HONE:	<b>EMAIL:</b>	
lternate Contact: If you would like to authorize s or her name and phone number. If an attorn		us in reference to your case, you must state
LTERNATE CONTACT NAME:	РНО	NE NUMBER(S):
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our Statement: <i>Below or in an attached letter,</i> ed from this office. Please attach copies of an TATEMENT:		the nature of your problem and the assistance you