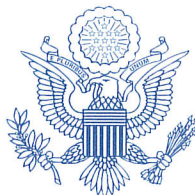


KEN CALVERT
42ND DISTRICT, CALIFORNIA



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HOUSE OF REPRESENTATIVES

CONGRESSIONAL CASEWORK AUTHORIZATION FORM

PLEASE TYPE OR PRINT ONLY

Name: Mr. Mrs. Ms. _____

Address: _____ City: _____ Zip: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

E-Mail: _____

Social Security Number: _____ Date of Birth: _____

Federal Agency Involved: _____

I request the assistance of Congressman Ken Calvert in the following federal matter:
(Please provide a brief explanation of your problem and what specifically you are requesting from my office. Attach photocopies of documents relevant to this case. Use additional paper as necessary.)

I authorize Congressman Ken Calvert to act on my behalf to transmit and/or receive information pertinent to my request for assistance.

Signed: _____ Date: _____