

Honorable Danny K. Davis

U. S. House Of Representatives

2813-15 W. Fifth Ave.

Chicago, Illinois 60612



Dear Congressman Davis:

Date: _____

In accordance with the Privacy Act of 1974, I hereby request the assistance of your office in the following matter:

Name: _____

Email Address: _____

Phone () _____ Alt No. () _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security No. _____

Agency : _____ Claim No _____

*** If This Is A Veteran Issues Please Provide The Following:

Veterans Administration Claim No. _____ Branch Of Military: _____

Upon Signing This Form I give my permission to this office/staff to make inquires, referrals and request to receive any and all reports and or documentation which may concern my issues. This Inquiry Form and Release Of Information is valid for 12 months and or until the issues are resolved following the signature and date place below by me the constituent.

Printed Name Of Constituent

Signature Of Constituent

Please Return Completed Form To
The Office Of Congressman Danny K. Davis
2813-15 W. Fifth Ave.
Chicago, Illinois 60612
Office: 773-533-7520 / Fax: 773-533-7530