



UNITED STATES CONGRESSWOMAN
KAT CAMMACK
 FLORIDA'S 3RD CONGRESSIONAL DISTRICT

Florida Congressional District 3

Authorization in Accordance with the Privacy Act of 1974, Title 5, U.S. Code Section 552a,

Name: _____ Date of Birth: ____/____/____
Mr./Mrs./Ms. First/Last Jr./Sr./III MM DD YYYY

Home Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____ Best Time to Call: _____

Email Address: _____ Preferred Method of Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____ - _____

I am seeking assistance with _____ (VA, Social Security, Immigration, etc.)
AGENCY

The problem I am having is:

The resolution I am seeking is: _____

Have you contacted any other elected officials regarding this case? Y / N: Who? _____

Do you have an attorney/service officer? Y / N Name: _____ Phone: _____

SSN: ____ - ____ - ____ Case #/Alien Number/VA Number:: _____
(Please provide the appropriate identification number pertaining to the assistance which you are seeking)

Please attach ***copies*** of any supporting documentation.
Documents provided will be destroyed upon completion and not returned.

Please list the name and information for any person to whom we can disclose information in the event that we cannot reach you directly

Name: _____ DOB: ____/____/____ Relationship: _____ (Used to Verify)
 Phone: _____ Address: _____

Note: The Privacy Act requires the completion of this form for Congresswoman Cammack and her staff to receive information on behalf of her constituents. I hereby authorize Congresswoman Cammack and her staff to receive information on my behalf and/or to discuss my records with the agency involved.

Signature: _____ Date: _____

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| Orange Park District Office 35 Knight Boxx Rd, Suite 1 Orange Park, FL 32065 P: 904-276-9626 F: 904-276-9336 | Gainesville District Office 5550 NW 111 th Boulevard, Suite A Gainesville, FL 32653 P: 352-505-0838 F: 352-505-3511 |
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