



Congressman Artur Davis

7th Congressional District of Alabama

Constituent Services Form: Agency Assistance

To open a case, please complete this Agency Assistance Questionnaire and Privacy Release Form and return it to my Birmingham office. The 1974 Privacy Act requires that you provide me with your written consent before my constituent service representatives can contact a federal agency on your behalf.

Name: _____

Address: _____

City and Zip Code: _____

Daytime phone: _____ Evening phone: _____

Fax number: _____ Email: _____

Social Security number: _____

Please provide any other tracking numbers relevant to your case, such as Veteran Case Identification number, CSA number, IRS number, INS number: _____

Federal agency you need help with: _____

Brief description of the problem (attach more pages if necessary):

I hereby request the assistance of the Office of Congressman Davis in addressing the matter described above, and authorize Congressman Davis and his staff to receive any information that they may need in order to provide this assistance.

_____/_____/_____
 Signature* Date

*Note: In order to comply with the provisions of the Privacy Act of 1974 and to be of assistance with claim(s), it is necessary that your signature be on file. (Sign with a blue or red pen.)

Please print and mail original to:

Congressman Artur Davis
Attention: Agency Assistance
 2 20th Street, North
 Suite #1130
 Birmingham, AL 35203
 205-254-1960 Phone • 205-254-1974 Fax

(Please attach copies of any supporting documents)