



Office of
Congressman Chip Pickering
Tour Request Form

Date of Tour _____

Number of Guests _____

Name _____

Street Address _____
(No PO Box)

E-mail _____

Telephone: Home _____

Work _____

Cell _____

Please Mark Which Tour(s) You Would Like:

White House _____

Capitol Building _____

Bureau of Engraving _____

Supreme Court _____

Library of Congress _____

Due to heightened security measures and demand for tour reservations, please fax or mail all tour requests 4-8 weeks in advance.

Required for Security Clearance: Please attach a sheet with the full legal name, date of birth, social security number and Country of birth for each person on the tour.

**Congressman Chip Pickering
attn: Tour Coordinator
229 Cannon
Washington, DC 20515
FAX: 202-225-5797**