

MIKE ROSS
4TH DISTRICT, ARKANSAS



COMMITTEES:
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Congress of the United States
House of Representatives
CONSTITUENT INQUIRY

DATE: _____

NAME: _____ SOCIAL SECURITY # _____

ADDRESS _____ VETERANS NUMBER: _____

CITY/STATE _____ MILITARY BRANCH: _____

ZIP CODE _____ TELEPHONE: _____

ADDITIONAL REMARKS: (briefly describe what you want the Congressman to try to do for you.)

Privacy Act of 1974

In accordance with the provisions of the Privacy Act, I authorize the Office of Congressman Mike Ross to secure any information required in the solution of my problem.

SIGNED _____

Mail completed form to: Congressman Mike Ross
Attn: _____
1617 South Olive Street
Pine Bluff, Arkansas 71601

PINE BLUFF
1617 OLIVE STREET
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(870) 536-3376
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