Return To:
Congressman C.W. Bill Young
360 Central Avenue, Suite 1480
St. Petersburg, Florida 33701-3836
(727) 893-3191 Fax: 893-3126

Return To:
Congressman C.W. Bill Young
9210 113th Street
Seminole, Florida 33772-2400
(727) 394-6950 Fax: 394-6955

Constituent Request/Privacy Release Form

Name: _____ Phone #: _____

Address: _____ Social Security #:_____

_____ Other: _____

_____

_____

Dear **Congressman C. W. Bill Young**,

Your assistance is requested regarding: _____

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Signature: _____ Date: _____

The Privacy Act of 1974 (Public Law 93-579), prohibits Federal government agencies from releasing information or discussing anything regarding another individual without that individual's written permission. By my signature above, please accept this as my authorization for **Congressman Bill Young**, or his representatives, acting on my behalf, to be given information relative to my request for assistance.

Signature: _____ Date: _____

The Privacy Act of 1974 (Public Law 93-579), prohibits Federal government agencies from releasing information or discussing anything regarding another individual without that individual's written permission. By my signature above, please accept this as my authorization for **Congressman Bill Young**, or his representatives, acting on my behalf, to be given information relative to my request for assistance.