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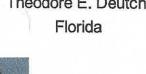
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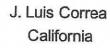
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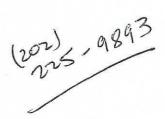
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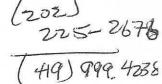
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(https://steube.house.gov/) W. Gregory Steube Florida

Kelly Armstrong North Dakota

What has the federal agency told you? [required-response]

Have you contacted any other office for assistance? If yes, which

office: [required-otherorgs]

How would you like my office to help you: [required-help]

PLEASE NOTE:

The Privacy Act of 1974 requires that Members of Congress and their staff have written authorization before they can obtain information about an individual's case. We must have your signature to proceed with a casework inquiry.

Signature:	
Date:	

Print and mail/fax your request to Congressman Doug Collins at his Gainesville Office address:

Office of Congressman Doug Collins Attn: Constituent Services 210 Washington Street NW, Suite 202

Gainesville, GA 30501

Fax: (770) 297 3390

(202), 6906 (202) - 6906

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HELP WITH A FEDERAL AGENCY - PRINT FORM

Agency involved: [required-agency]

Agency case: [required-case-number]

Name: [required-prefix] [required-first] [required-last]

Branch of Service (If Applicable): [branchOfService]

Military Rank (If Applicable): [militaryRank]

Date of Birth: [required-birth]

Social Security #: [required-ssnum]

Street Address: [required-address]

City, State, ZIP Code: [required-city], [required-state] [required-zip5]

Telephone #: [required-phone]

Email: [required-valid-email]

I, [required-prefix] [required-first] [required-last], authorize the [required-agency] to release personal information to U.S. Representative Doug Collins and his staff. I authorize Congressman Doug Collins to request and have access to all records and reports pertinent to my request for his assistance in the following matter:

Nature of Problem: [required-problem]

What is the current status of the problem: [required-status]