

Congress of the United States

Washington, DC 20515

The Honorable Congressman Bill Posey
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NOTICE

The **PRIVACY ACT** of 1974 requires that written consent be obtained from the constituent before information can be disclosed from records with a federal agency. So that I might act on your behalf, I would appreciate it if you would sign the following statement. (If you are inquiring on behalf of another person, it is necessary that they sign the statement).

DATE: _____ **EMAIL:** _____

NAME (Mr.) (Mrs.) (Ms.) (Dr.) (Rev.): _____

ADDRESS: _____ **APT #:** _____

CITY: _____ **STATE:** _____ **COUNTY** _____ **ZIP CODE (+4):** _____

I am a permanent resident of Brevard, Indian River, or Orange County (yes) _____ (no) _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL:** _____

****When applicable please supply the following information:*

SOCIAL SECURITY/MEDICARE #: _____ **DATE OF BIRTH** _____

ALIEN #: A _____ **VETERAN CLAIM #: C** _____

PASSPORT LOCATOR NUMBER: _____

Federal Agency (ies) you request I contact _____

Please state the problem briefly. What outcome do you hope to gain? (additional information, pertinent documents explaining the situation may be attached)

If you would like this office to speak to your spouse, parent, guardian, or other family member about your case, please designate this person and sign below.

Designated person _____ Relationship _____

SIGNATURE of person requesting assistance: (required)** _____

****Please note, if the matter in which you request my help is not a federal matter, I may be limited in authority or I may be precluded from intervening on your behalf due to Congressional Code of Ethics. Please forward all state matters to your local State House or State Senator's attention for their review. Their numbers are listed in the front section of your local phone directory. (Typically state matters include HRS matters, food stamps, child support issues, Medicaid, Voc Rehab, State Workers Comp., Brevard Workforce, State Unemployment.)**