CONSTITUENT SERVICE FORM

*U.S. Representative Scott Perry (PA-10)*

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NAME

DATE OF BIRTH

/

/

MM DD

HOME ADDRESS PHONE ( )

YYYY

CITY ZIP

E-MAIL

FEDERAL AGENCY re: YOUR ISSUE

SOCIAL SECURITY # / FEDERAL CASE # / RECEIPT #

PLEASE BRIEFLY DESCRIBE YOUR ISSUE / How You Need Help (may use separate sheet):



 Please add me to Rep. Perry’s E-Newsletter contact list.

 I authorize Rep. Perry / his Staff to leave information on my voicemail with regards to my inquiry.

In accordance with Title 5, Section 552(a), of the United States Code (1974 Privacy Act), I hereby authorize US REP. SCOTT PERRY/ his Staff to request assistance on my behalf in connection with my above issue. I authorize discussion of my records with Rep. Perry/his Staff. I authorize Rep.

Perry/his Staff to use this Privacy Release for any inquiries or subsequent appeals of the issue outlined above.

SIGNATURE

(Under the terms of the Privacy Act, all constituent service requests must include a signature)

DATE

**REV: March 2023**