 **CONSTITUENT SERVICE FORM**

*U.S. Representative Scott Perry*

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*22 Chambersburg Street 2209 East Market Street 730 North Front Street*

*Gettysburg, PA 17325 York, PA 17402 Wormleysburg, PA 17403*

*(717) 338-1919 (717) 600-1919 (717) 635-9504*

*(717) 334-6314 Fax (717) 757-5001 Fax (717) 635-9861 Fax*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (Home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work or Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Township/Borough: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

MM DD YYYY

\_\_ I give permission to be added to Representative Perry’s E-Newsletter contact list.

\_\_ I authorize Rep.Perry’s office to leave confidential information with regard to my inquiry on my voicemail/answering machine.

Federal agency with which you have an issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Federal Case/Receipt Numbers relevant to this issue:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please briefly describe your issue (continue on separate sheet of paper if necessary):

Have you worked on this issue with any other elected official or agency? Yes No

If “yes” - Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do we have your permission to work with this individual / agency to resolve your issue? Yes r No

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If necessary, please use a separate sheet to include the information for all elected officials or agencies with whom you’ve worked.*

How would you like Congressman Perry to help?

**If your issue pertains ONLY to the VA or Department of Defense, please complete this section.**

Are you currently serving (active/reserve component)? Yes  No 

If you are not serving actively, do you have your separation papers? Yes  No 

In which branch of the military did you serve? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Term of Service: from (D/M/Y) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to (D/M/Y) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In accordance with Title 5, Section 552(a), of the United States Code (1974 Privacy Act), I hereby authorize US Representative Scott Perry and/or his staff to request assistance on my behalf in connection with my above mentioned issue. I authorize discussion of my records with Representative Perry and/or his staff. I also authorize Representative Perry and/or his staff to use this privacy release for any inquiries or subsequent appeals of the issue outlined above.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* Under the terms of the Privacy Act, all constituent service requests must include a signature \*\***