



CONSTITUENT SERVICE FORM

U.S. Representative Scott Perry

22 Chambersburg Street
Gettysburg, PA 17325
(717) 338-1919
(717) 334-6314 Fax

2209 East Market Street
York, PA 17402
(717) 600-1919
(717) 757-5001 Fax

730 North Front Street
Wormleysburg, PA 17403
(717) 635-9504
(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 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 ****