



# Office of Congresswoman Jackie Speier

Return by mail or fax to:  
Congresswoman Jackie Speier  
400 S. El Camino Real, Suite 410  
San Mateo, CA 94402  
Phone: (650) 342-0300  
Fax: (650) 375-8270

? Mr. ? Mrs. ? Ms. Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Telephone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Have you contacted another Congressional office? If so, whose? \_\_\_\_\_

Please list any other individuals you give us permission to speak to about your case:  
\_\_\_\_\_

***Please include the following information only if it pertains to your inquiry:***

Veterans Claim # \_\_\_\_\_ Tax Payer ID # \_\_\_\_\_

Social Security # \_\_\_\_\_ Medicare # \_\_\_\_\_

Please state your request for assistance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*Please attach an explanation of your situation, copies of pertinent documents, letters, etc. regarding your case.

**In accordance with the provisions of the Privacy Act, I hereby authorize Congresswoman Jackie Speier and her staff to make inquiries on my behalf and to receive confidential information in their efforts to assist me in resolving a federal agency matter.**

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

*Private and Confidential*