Request for Assistance

SENATOR SHERROD BROWN

NAME_____ HOME PHONE (_____)_____

ADDRESS_____ CELL PHONE (_____)_____

CITY_____ WORK PHONE (_____)_____

STATE_____ ZIP_____ COUNTY_____ EMAIL_____

SS#_____ Date of Birth _____/_____/_____

Medicare#_____ CLAIM#/CASE#_____

(Provide these numbers only if necessary to investigate your case.)

Dear Senator Brown:

I am seeking your assistance in a personal matter involving the federal government. I hereby authorize your office to request, on my behalf, that the appropriate federal agency or agencies investigate the following: (Use reverse side or additional paper, as needed.)

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I further authorize, under the provisions of the Privacy Act of 1974, that the agency or agencies involved have my permission to disclose information from their records about my case or claim to the office of Senator Sherrod Brown.

SIGNATURE_____ DATE_____

Please return this completed form and any other relevant information to:

Senator Sherrod Brown, 801 West Superior Avenue, Suite 1400, Cleveland, Ohio 44113-1829
Fax: 216-522-2239 **Email: casework@brown.senate.gov**

If you have questions call: **Phone: 216-522-7272** **Toll-Free: 888-896-6446 (Press 1)**