Congressman Tim Mahoney

Privacy Authorization Form

Name: _____ **E-mail:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____

Social Security No.: _____- ____- _____ **Date of Birth:** _____

Federal Agency: _____ **Claim Number:** _____

Please tell us about your situation or difficulty. Include details regarding the current status and any corrective measures you have taken to resolve this matter.

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(Use additional sheets as necessary)

The privacy act of 1974 requires that written consent be obtained from a constituent before information may be disclosed from records within a federal agency. To permit me to act on your behalf, i will need your statement citing the problem and your signature following the statement. If you are inquiring on behalf of someone else, it will be necessary for that person to signt he statement.

_____ _____

Signature Date

If you live in **Palm Beach, Martin, St. Lucie, or Okeechobee Counties,** pleae submit your casework request to:
Mail: 9 SE Osceola St, Stuart, FL 34994
Fax: (772) 871-0651

If you live in **Charlotte, Hendry, Glades or Highlands Counties**, please submit your casework request to:
Mail: 18500 Murdock Circle, Suite 536, Port Charlotte, FL 33948
Fax: (941) 627-9101

Note: When submitting the Privacy Authorization form, please provide copies of any documentation you may have pertaining to your issue.