



Constituent Assistance Authorization Form

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your concerns to be released to the Office of Congressman Dave Trott.

Name

Phone Number

Address

Email Address

City

State

ZIP Code

Would you like to receive Rep. Trott's email newsletter?

Yes

Date of Birth

Month

Day

Year

Social Security Number:

VA Claim # (if applicable)

Immigrant Reg. # (if applicable)

Please explain the nature of your concern and attach any correspondence which supports your statements or relates to your case. If necessary, use additional paper to complete.

Please state the outcome you are seeking.

In accordance with the provisions of the Privacy Act, I hereby authorize U.S. Representative Dave Trott or a member of his staff to make the appropriate inquiry on my behalf.

Signature

Date

Please return to:

Office of U.S. Representative Dave Trott
625 East Big Beaver Road, Suite 204
Troy, MI 48083
Phone: (248)-528-0711 Fax: (248)-528-0714