



Constituent Assistance Authorization Form – Taxes

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.

<p>Name</p> <input style="width: 95%; height: 20px;" type="text"/>	<p>Phone Number</p> <input style="width: 95%; height: 20px;" type="text"/>		
<p>Address</p> <input style="width: 95%; height: 20px;" type="text"/>	<p>Email Address</p> <input style="width: 95%; height: 20px;" type="text"/>		
<p>City <input style="width: 60%; height: 20px;" type="text"/></p>	<p>State <input style="width: 20%; height: 20px;" type="text"/></p>	<p>ZIP Code <input style="width: 60%; height: 20px;" type="text"/></p>	<p>Would you like to receive Rep. Trott's email newsletter?</p> <p>Yes <input type="checkbox"/></p>
<p>Social Security Number:</p> <input style="width: 40%; height: 20px;" type="text"/> - <input style="width: 40%; height: 20px;" type="text"/> - <input style="width: 40%; height: 20px;" type="text"/>			
<p>Tax Form(s)</p> <input style="width: 95%; height: 20px;" type="text"/>	<p>Tax Year(s) (Years of taxes in question)</p> <input style="width: 95%; height: 20px;" type="text"/>		

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
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

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