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CONGRESSIONAL CASEWORK AUTHORIZATION FORM

PLEASE TYPE OR PRINT ONLY Name: Mr. Mrs. Ms. Address: City: Zip: Telephone: (Home)_____(Cell)____(Work)____ E-Mail: Social Security Number: _____ Date of Birth: ____ Federal Agency Involved: I request the assistance of Congressman Ken Calvert in the following federal matter: (Please provide a brief explanation of your problem and what specifically you are requesting from my office. Attach photocopies of documents relevant to this case. Use additional paper as necessary.) I authorize Congressman Ken Calvert to act on my behalf to transmit and/or receive information pertinent to my request for assistance. Signed: Date: