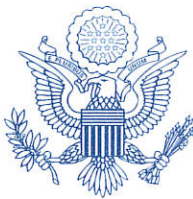


KEN CALVERT  
42ND DISTRICT, CALIFORNIA



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**CONGRESSIONAL CASEWORK AUTHORIZATION FORM**

PLEASE TYPE OR PRINT ONLY

Name: Mr. Mrs. Ms. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (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.)**

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\_\_\_\_\_

I authorize Congressman Ken Calvert to act on my behalf to transmit and/or receive information pertinent to my request for assistance.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_