

Personal Information

Congressman Ted W. Lieu - Privacy Release Form

Los Angeles Office:

1645 Corinth Avenue, Suite 101 Los Angeles, CA 90025 Phone: (323) 651-1040

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1600 Rosecrans Avenue, 4<sup>th</sup> Floor Manhattan Beach, CA 90266 (310) 321-7664

## Congressman Ted W. Lieu

## **Privacy Release Form**

In order for my office to assist you, please:

- > Fill out all pages of this form completely
- > Include any relevant documentation

If you have questions regarding this form, please contact my Los Angeles office at (323) 651-1040.

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Prefix:	□ Mrs.	□ Ms.	□ Miss	□ Mr.	□ Mx.	☐ Other:	
First Name:				ddle Initial:	Last	Name:	
Date of	Birth:		§	Social Secur	ity Number:		
Resider	ntial Street	Address:					
City:					State:	Zip Code:	
Mailing	Address (if	different fro	m Residentia	al):			
City:					State:	Zip Code:	
Home Phone Number:				Cell Phone Number:			
Business Phone Number:				E-mail Address:			
Agen	cy Speci	fic Inform	ation (if a	pplicable	e)		
Relevant Tax Year(s) (IRS):				Medicare Number (CMS):			
Housing	a Authority (	(HUD):					
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## Description of the Problem

hat is the relevant federal agency(s)?
/hat is the current problem?
hat steps have you taken to try to resolve the problem?
hat has the federal agency told you?
ave you contacted any other office (elected officials, non-profit organizations, etc.) for assistance?  Yes (If so, which one(s)?) □ No
lease read and sign the following:
y filling out this Privacy Release form, I hereby authorize my member of Congress and staff to onduct any inquiries regarding my case and to be provided with any information relating to it.
ate: Signature:

Thank you for taking the time to complete this form. Please print and return it as soon as possible to my Los Angeles office via fax, email, or mail to the following address:

ATTN: Constituent Services
Congressman Ted W. Lieu
1645 Corinth Avenue, Suite 101
Los Angeles, CA 90025

**Phone:** (323) 651-1040 **Fax:** (323) 655-0502

Email: Lieu.Casework@mail.house.gov