

Los Angeles Office:

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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.

Personal Information

Prefix: □ Mrs.	Ms.	□ Miss	□ Mr.	□ Mx.	□ Other:
First Name:		!	Middle Initia	al:Las	st Name:
Residential Street /	Address:				
City:				State: ₋	Zip Code:
Mailing Address (if	different	from Resider	ntial):		
City:				State: _	Zip Code:
Home Phone Numl	oer:			Cell Phone	Number:
Business Phone N	umber:			E-mail A	.ddress:

Description of the Problem

What is the current problem?
What steps have you taken to try to resolve the problem?
What has the US Postal Service told you?

Have you contacted any other office (elected officials, non-profit organizations, etc.) for assistance?
☐ Yes (If so, which one(s)?) ☐ No
Please read and sign the following:
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By filling out this Privacy Release form, I hereby authorize my member of Congress and staff to
conduct any inquiries regarding my case and to be provided with any information relating to it.
, , , <u>G</u>
Date: 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

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