

CONGRESSMAN HENRY CUELLAR

IN ORDER TO SERVE YOU, THIS FORM MUST BE COMPLETED IN
FULL BY THE PERSON REQUESTING HELP OR HIS/HER POWER OF ATTORNEY

To: CONGRESSMAN HENRY CUELLAR
615 EAST HOUSTON STREET, SUITE 563
SAN ANTONIO, TX
PHONE: 210-271-2851
TOLL FREE: 877-780-0028
FAX: 210-277-6671



PLEASE BRIEFLY EXPLAIN THE NATURE OF YOUR PROBLEM ALONG WITH WHAT ACTIONS YOU HAVE TAKEN:

HAVE YOU CONTACTED ANY OTHER CONGRESSIONAL OFFICE (HOUSE OR SENATE) WITH THIS ISSUE? IF YES, PLEASE LIST REPRESENTATIVES OR SENATOR:

PLEASE PRINT THE FOLLOWING INFORMATION (IF APPLICABLE):

NAME	SOCIAL SECURITY NUMBER
MAILING ADDRESS	CIS ALIEN NUMBER
CITY, STATE, ZIP CODE	VA CLAIM NUMBER
HOME PHONE	DATE OF BIRTH
BUSINESS PHONE	FAX
CELLULAR PHONE	EMAIL

ARE YOU FACING A DEADLINE? YES _____ NO _____ WHEN? _____

ARE YOU CURRENTLY BEING REPRESENTED BY AN ATTORNEY REGARDING THIS MATTER?

YES ___ NO ___

IF "YES", PLEASE PROVIDE THE ATTORNEY'S NAME: _____

IN ACCORDANCE WITH THE PRIVACY ACT OF 1974, I, _____, HEREBY PERSONALLY AUTHORIZE CONGRESSMAN HENRY CUELLAR AND/OR HIS STAFF, AS DESIGNATED BY HIM, TO MAKE ANY AND ALL INQUIRIES WITH FEDERAL, STATE, COUNTY, MUNICIPAL AND OTHER AGENCIES AS NEEDED TO ADDRESS MY REQUEST, BUT NOT LIMITED TO THE ISSUE DESCRIBED ABOVE.

SIGNATURE

DATE

STAFF INITIALS