



Office of Congressman JIM HIMES
Constituent Intake Form/Privacy Act Waiver

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Office Use Only

- Walk In
Fax
Phone
Date: / /
Staff Initials:

Please check the corresponding box below:

- Immigration Housing Health/Medicare Social Security Unemployment
Small Business Grants Veterans Administration Other:

NAME:
Spouse's Name:
ADDRESS:
City/State/Zip
PHONE:
Work/Cell
EMAIL:
Check here if you would like to receive our e-newsletter
Please provide the following for the concerned applicant:
SOC. SEC. #
DATE OF BIRTH:
CASE NUMBER: (staff only)

What concerns are you having with a federal agency?

Blank lines for text input regarding concerns with a federal agency.

What specific action are you seeking from our office?

Blank lines for text input regarding specific actions sought.

Is there anyone besides yourself that you would like our office to discuss your case with i.e. Spouse, family member, etc? If, so please include name & relationship:

Have you contacted any other elected official to assist you problem? Do you currently have an attorney working your case?

I hereby authorize Congressman Jim Himes or his staff, under the "Right to Privacy Act," to request and copy any information regarding this matter from identified agencies. I hereby release you from any liability that may arise by furnishing the requested information.

Signature: Date: