



OFFICE OF CONGRESSMAN JIM HIMES
Constituent Intake Form/Privacy Act Waiver

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OFFICE USE ONLY	
<input type="checkbox"/>	Walk-in
<input type="checkbox"/>	Fax
<input type="checkbox"/>	Email
<input type="checkbox"/>	Phone
Date: / /	
Staff Initials:	

Please check the corresponding box below:

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

Name:	Soc Sec# - -
Spouse's Name:	Date of Birth: / /
Address: City:	Email:
Phone: Cell:	

By initialing below, you are authorizing all Governmental Agencies, including the National Visa Center (NVC) and/or Department of State, to release information to our office. Initial here: _____

WHAT CONCERNS ARE YOU HAVING WITH A FEDERAL AGENCY?

WHAT SPECIFIC ACTION ARE YOU SEEKING FROM OUR OFFICE?

Is there anyone besides yourself that you would like our office to discuss your case with e.g., spouse, family member, etc? If so, please include: Name: Relationship:	Do you currently have an attorney working on your case? (Yes or No) <hr/> <i>If so, please include current status of case.</i>	Have you contacted any other elected official(s) to assist you with your problem? If so, please include: Name: Office:
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*I hereby authorize Congressman 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. **This document is invalid if not signed and dated.***

SIGNATURE: _____ **DATE:** _____