

CONGRESSMAN PETE OLSON

17225 El Camino Real, Suite 447
Houston, Texas 77058
Phone 281-486-1095
Fax 281-486-1479

1650 Highway 6, Suite 150
Sugar Land, Texas 77478
Phone 281-494-2690
Fax 281-494-2649

In accordance with the Privacy Act of 1974 I, _____ give my personal authorization to Congressman Olson, and /or his staff assistant, designated by him, to make a proper inquiry on my behalf concerning the following _____

Please explain what action you have taken to resolve your problem and any response you have received from any other agency. _____

Name (Please Print)

Social Security Number

Address

Claim Number (If Applicable)

City State Zip

Home Telephone Number

County

Alternate Telephone Number

Signature

Date Signed

Email Address

THIS FORM MUST BE SIGNED BY THE PERSON NEEDING HELP, OR, HIS/HER DESIGNATED POWER OF ATTORNEY