



The Honorable Kay Granger

12th Congressional District of Texas

Congressional Inquiry Request Form

Mr. Ms. Name (Print)

Date

Country of Birth

Date of Birth

Address

City/State

Zip Code

(_____) _____
Telephone Number

Email

Are you a resident of Texas Congressional District 12? _____

Do you have an open case with this office or another congressional office? _____ Yes _____ No

If yes, which office(s)? _____

Federal Agency this inquiry is related to? _____

(i.e. VA, SSA, USCIS, IRS, USPS, etc.)

Date of initial contact with federal agency? _____

List any or all identifying numbers which might apply to your situation. My office will use this information only to obtain information regarding your case.

Social Security Number

VA Number

Immigration Number ("A" Number)

Taxpayer Identification Number

Contract Number

Any other relevant identifying Number

Briefly describe the situation (if you need more space, please continue on the back of this page):

Please state your anticipated outcome:

**Please note: If you are requesting your case be expedited please attached documented reason for inquiry. This can include eviction notice, utility shut-off or terminal illness documentation. Providing these documents does not guarantee your case will be expedited but will aide in showing the agency a need to expedite.*



The Honorable Kay Granger

12th Congressional District of Texas

District Office

1701 River Run, Suite 407
Fort Worth, Texas 76107
Phone: (817)338-0909
Fax: (817)335-5852

Washington D.C. Office

1026 Longworth HOB
Washington, DC 20515
Phone: (202)225-5071
Fax: (202)225-5683

Congressional Inquiry Privacy Act Release Form

Instructions

The Privacy Act of 1974 (5 U.S.C. § 552a) requires that Members of Congress or their staff have written authorization before they can obtain information about an individual's case. Once you have completed the Privacy Act Release Form, please return it to the **District Office**. Attach **copies** of any relevant documentation in connection with your case (correspondence, decisions, etc.).

*I hereby authorize the release of any information regarding my case to **Congresswoman Kay Granger and staff**. In addition, I hereby authorize **Congresswoman Kay Granger and staff** to speak on my behalf in matters concerning this inquiry.*

Signature (We must have your signature to precede with any case.) _____

_____ **Date**

_____ **Name (Print)**

_____ **Date of Birth**

_____ **Address**

_____ **City/State**

_____ **Zip Code**

(_____) _____

_____ **Phone Number**

_____ **Email**

Alternate Point of Contact

I authorize, _____, as an alternate point of contact and authorize the aforementioned person to receive updates from Congresswoman Kay Granger and staff regarding my case.

Signature _____

_____ **Date**

*Except in limited circumstances, this office will **NOT** work with a personal representative receiving a fee for representing the constituent. This office will maintain communication directly with the constituent and, if **the constituent** chooses, the constituent may forward such to a personal representative. This is in an effort to protect the constituent. A congressional office cannot ensure the constituent will not be billed by a personal representative for services the congressional office is performing free of charge*

Honesty Certification

I certify that the information provided on the *Privacy Act Release Form* and the *Congressional Inquiry Request Form* is true to the best of my knowledge. I understand that a deliberate misrepresentation may result in the discontinuance of assistance from Congresswoman Kay Granger and staff.

Signature _____

_____ **Date**