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727 781-4400 (Office) 727 781-4409 (Fax)

**PRIVACY FORM**

*(Please fill out and mail with any appropriate backup documentation to the address above)*

In compliance with the Freedom and Privacy Acts, I hereby authorize  
Congressman David W. Jolly to obtain information, including all applicable documents, pertaining to me in the files of:

**DEPARTMENT OR AGENCY** \_\_\_\_\_

This information may be conveyed to his office telephonically or via U.S. mail, facsimile and/or email.

**PLEASE PRINT**

NAME: FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

(Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Miss \_\_\_\_\_ Ms. \_\_\_\_\_ Other \_\_\_\_\_)

ADDRESS: STREET \_\_\_\_\_ APT # \_\_\_\_\_ LOT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SS # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

IDENTIFICATION NUMBER \_\_\_\_\_

(Such as VA#, CSA#, or Alien Registration Number, if applicable)

HAVE YOU REQUESTED ASSISTANCE FROM THIS OFFICE BEFORE? \_\_\_\_\_

If yes, regarding? \_\_\_\_\_

PLEASE BRIEFLY STATE THE NATURE OF PROBLEM (PLEASE PRINT) Use a separate sheet, if needed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_