

GWEN MOORE  
4TH DISTRICT, WISCONSIN  
COMMITTEE ON  
FINANCIAL SERVICES

CAPITAL MARKETS AND GSEs  
INTERNATIONAL MONETARY POLICY AND TRADE



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COMMITTEE ON BUDGET

## Congress of the United States House of Representatives

### PLEASE RETURN THIS FORM TO:

Congresswoman Gwen Moore  
219 N Milwaukee St, Suite 3A  
Milwaukee, WI 53202-5818

The Privacy Act of 1974 is a federal law designed to protect you from any unauthorized use and exchange of personal information by federal agencies. Any information that a federal agency has on file regarding your dealings with the United States government may not, with a few exceptions, be given to another agency or Member of Congress without your written permission. Family members, friends, or other interested parties generally may not authorize on your behalf the release of information covered by the Privacy Act.

### ***PLEASE ATTACH A SEPARATE SUMMARY OF THE SITUATION REQUIRING ASSISTANCE***

I hereby request the assistance of the Office of Congresswoman Gwen Moore to resolve the matter described above. I authorize Representative Moore and her staff to receive any information that might be needed to provide assistance.

The information I have provided to Congresswoman Moore is true and accurate to the best of my knowledge and belief. The assistance I have requested from Congresswoman Moore's office is in no way an attempt to evade or violate any federal, state, or local law.

\*\*Signature of beneficiary: \_\_\_\_\_ Print Name \_\_\_\_\_

Beneficiary's Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **\*\*If not the beneficiary, please sign and indicate (X) the relationship to the beneficiary:**

Next of Kin: \_\_\_\_\_ Power of Attorney: \_\_\_\_\_ Legal Guardian: \_\_\_\_\_ Other (describe) \_\_\_\_\_

Sign \_\_\_\_\_ Print Name: \_\_\_\_\_

### **FEDERAL AGENCY INVOLVED:**

Case Number (if applicable): \_\_\_\_\_ Have you initiated an inquiry with any other congressional office? Yes \_\_\_ No \_\_\_ If so, which office? \_\_\_\_\_