

Congressman Thaddeus McCotter
Constituent Assistance Authorization Form

Please Print

Please describe the situation with which you are requesting assistance and provide copies of documents from agencies relevant to situation:

(If you need additional space, please use the back of this page.)

“I hereby request the assistance of the office of Congressman Thaddeus McCotter in resolving the matter described above and authorize Congressman McCotter and his staff to receive any information which they may need in order to provide this assistance.”

This information may also be released to the following person (spouse, parent, attorney, etc.) _____

Please Print:

Name _____

Address _____

City, State, Zip _____

Telephone Home _____ Work _____

Social Security Number _____ Date of Birth _____

Claim, Alien, ID, or other numbers _____

Military Personnel Only: Home of Record _____

Currently my case is _____ or is not _____ pending before a federal, state or local court.
(please check one)

Sign: _____ Date: _____

Please return this completed form to: Congressman Thaddeus McCotter
17197 N. Laurel Park Drive, Suite 216
Livonia, MI 48152
Fax (734) 632-0373