



Congressman Joe Pitts
Berks, Chester, and Lancaster Counties



PRIVACY ACT CONSENT FORM

Return to:

Chester and Berks Counties:

Post Office Box 837
Rts. 82 & 926
Unionville, PA 19375

Lancaster County:

150 North Queen St.
Suite 716 (7th floor)
Lancaster, PA 17603

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____

ID Number (if applicable): _____

I, _____, authorize **Congressman Joe Pitts** and/or a member of his staff to make inquiries of federal agencies and to view confidential information so that they can be of assistance to me with the below referenced matter.

Signature: _____

Date: _____

Name (please print clearly): _____

Address: _____

City, State, Zip: _____

Home Phone: (____) _____ **Daytime Phone:** (____) _____

E-mail address: _____

Fax: (____) _____

Explain as clearly and briefly as you can the nature of your problem and what you are asking Congressman Pitts to do on your behalf: